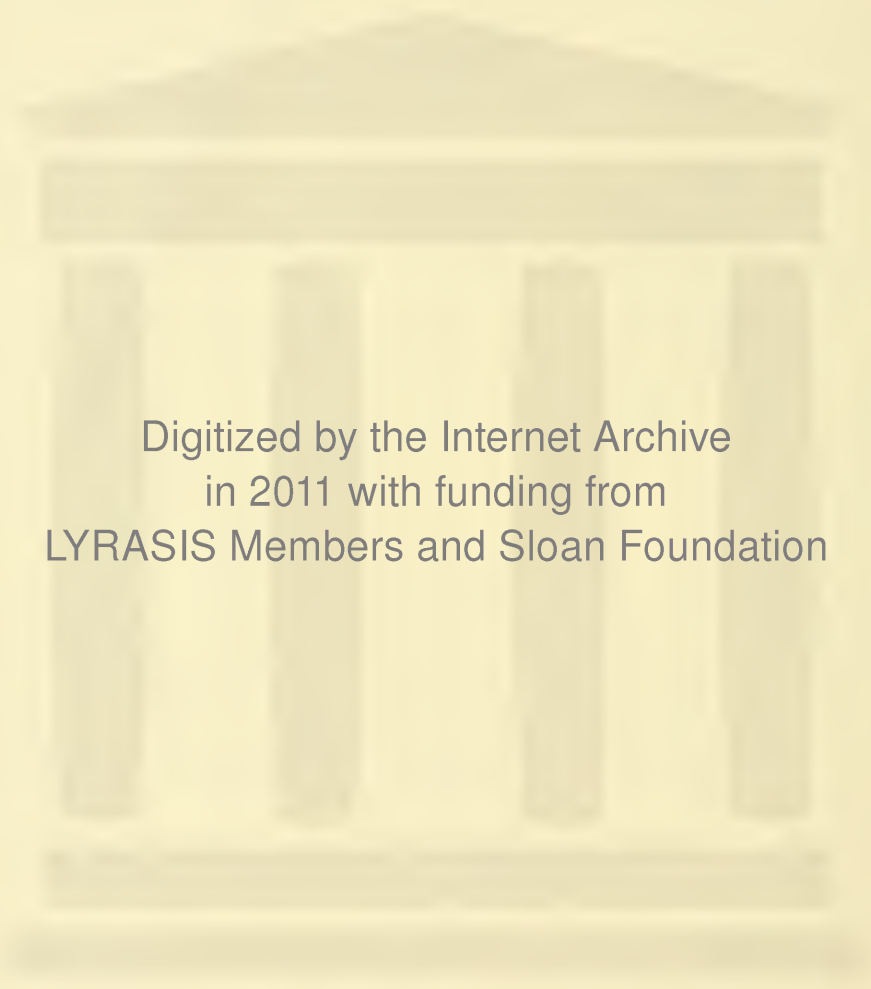




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# Bulletin

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# *Bulletin* OF THE SCHOOL OF MEDICINE UNIVERSITY OF MARYLAND

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## Trends in Medical Education

COLIN M. MacLEOD, M.D., Philadelphia

IT has been suggested that I discuss some of the future trends in medical education. This is a tall order but well worth addressing one's self to. As a preliminary, it is necessary to define the scope of medicine so that our thoughts can be in perspective. All of you will agree that medicine is a learned profession and not a trade or vocation, although all too often one gets the impression that considerable segments of organized medicine behave as though it were a trade and they members of a craft union.

Our mission as physicians has three aspects: to heal the sick, to prevent disease, and to advance knowledge. I have not placed the members of this triad in an order of rank—each of you must do that for himself, but he must be aware as a member of our learned profession that none of them can be omitted from his way of life unless he wishes to turn his back on the great tradition and go blind into the future.

He must also be aware that medicine is a part of the larger field of biology, which is implicit in the evolutionary concept that all living creatures originated,

God alone knows how, from the primeval slime.

It is perhaps trite to say that biology, especially human biology, is infinitely complex and difficult to encompass in comparison to the so-called exact physical sciences. Most people, including the physicists themselves, seem reconciled to the concept that we can conquer outer space soon if we are not niggardly about spending money for bigger and better rockets or hiring more engineers who will devise more refined guidance and propulsion systems. There are few scientists in the field of human biology, however, who are so sanguine as to believe, for example, that the assembly-line slogan "Cash can cure cancer" has the same relevance in this complex set of biological problems, or that the "answer to cancer" will come from the same approaches as have been responsible for the self starter, the rocket motor, filter tip cigarettes, and upswept tail fins. I fear that the "seven maids with seven mops" philosophy is in for some sore disappointments. One can hope only that it won't so surfeit with promises that the public will turn away in disillusionment.

Furthermore, we as physicians deal with that wonderful, complex creature, man, who in many of his actions exhibits

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Professor of Research Medicine, University of Pennsylvania.

Precommencement address, Medical School, University of Maryland, June 7, 1958.

the awesome attribute of free will, which stands so in contrast to the predestination of the physical universe, as emphasized by the belief generally held among physicists, that it behaves according to certain laws or generalizations and is predictable.

All of this leads to the conclusions that because we have such a long way to go in medicine, we must ever more strongly emphasize the scientific aspects, and because we deal with man we must strive to further the art as well. The real purpose of the scientific side is to support the art and to make it more perfect. There is no conflict between them.

With this as a background, perhaps a slightly biased one, what can be said about medicine of the future as it may influence world affairs and be influenced by them. There is no doubt in my mind that medical leadership is one of the greatest assets of the free or western world, and that we can maintain leadership only by increasing the rate at which we improve our knowledge and apply it for the common good of all mankind.

Is present day medical education geared to the needs of the future? Does it provide a background that enables the physician not only to keep pace intellectually with scientific advances but also to contribute to them?

One of the commonest complaints heard in medical faculties is that premedical education in our colleges is inadequate and that much of the time in the preclinical years of the medical curriculum therefore must be spent in teaching students what they should have learned before they came to medical school. Believe it or not, there is some truth in this complaint, but the blame cannot be shifted entirely to the colleges. After all, the medical schools themselves set their own standards of admission,

and if we require only a minimum scientific background, that is all we can expect to get. If we are convinced that the entering student requires a far stronger background in chemistry, including quantitative analysis, in physics and in mathematics than he has had in the past, we should say so. If we believe that he needs much less dogfish dissection and much more genetics we should so insist. It is apparent that we have not done so, because premedical requirements today are just about the same as they were when I was a premedical student more than 30 years ago. If a deeper and broader knowledge of these basic sciences is required before entrance to medical school, which I am convinced is the case, then medical education has failed in not demanding it. There is no reason why education in the liberal arts should be slighted on this account, particularly if we continue to recommend four years of college before admission to medical school.

What of medical education itself? Are we educating students to become members of a learned profession or do we follow the line of least resistance and train tradesmen? The latter is a lot easier. How can we justify the four years spent in lockstep by medical students who should be given the opportunity to obtain a true graduate education, but instead are in general subjected to a rigid curriculum dictated by tradition and convenience: a curriculum in which almost every minute of the day is used up in prescribed exercises; in which curricular reform consists mainly in juggling the hours assigned to little empires; a curriculum where every free hour is considered the legitimate prey of any narrow specialist or evangelist, be he preclinical or clinical. What can be

said for a curriculum where the student's individuality is not treasured, where his enthusiasm is not encouraged, and where he is not given the opportunity to probe deeply into problems that excite his curiosity? Can we say that we are offering graduate education? By and large we are not, and in failing to do so we fail to live up to what medicine will demand of physicians in the future and what our free society must demand of medical education.

The prospects are not entirely black. There are stirrings here and there, such as those in your sister medical school in Baltimore. An attempt is being made there to break out of the ironclad restrictions of the conventional curriculum, and all of us should watch this experiment with a calm and warmly sympathetic eye. Medical education must remain experimental. We don't know all the answers. At the same time we must not succumb to the real danger of slavishly aping what is being tried elsewhere. While there may not be as many solutions as there are medical schools, the diversity of local problems requires a diversity of answers.

Here and there over the country increasing attention is being given to the provision of opportunities for medical students to carry on research on a more extensive basis than was possible previously. This is all to the good, but if it is to be done with honesty and in the academic spirit, free time in considerable doses needs to be made available throughout the four years of the medical curriculum. This means that the faculty must be convinced that it is important for students to be given a proper opportunity to carry on investigation in areas that have awakened their curiosity. The special pleaders must mute their clamors

for an ever increasing share of the now almost non-existent unscheduled time—and the "haves," those who by tradition occupy large segments of curricular time, must look to their consciences to see to it that adequate amounts of free time become available.

When I was a professor of microbiology and responsible for the content and outlook of a prescribed course in a medical school, I came to the conclusion that any fool can add exercises to a course, but it takes a wise man to delete them. Certainly medical teachers have been adept at addition but extraordinarily poor at subtraction, possibly due to the lack of mathematics as a pre-medical requirement.

It is fashionable at the moment to compare American ways with those of the Soviet Union. We must admit that our pride has been somewhat humbled, and this may be the best thing that could have happened because we were becoming "biggity." Assuredly we have the pride, let us hope that we can be saved from the fall.

It may be instructive to describe briefly how medical education is conducted in Russia. In the first place the universities have nothing to do with it: medical schools have been separated from the universities and have been placed under direct supervision of the Central Ministry of Public Health. All of them, about 80 in number, have an identical curriculum, they use the same textbooks, and all students take the same examinations. If the curriculum is revised for one, it is revised for all. How different this is from our way of thought where the emphasis has been to make medical education university-centered and to encourage diversity in approach.

Students in Russia go directly to medi-

cal school following their high school education and spend six years studying medicine. All of the premedical subjects are taught by the medical faculty. The sixth or final year consists of the equivalent of a rotating internship if the student is slated for general practice, children's diseases if he is to be a pediatrician, and if he is to be concerned with public health, he will spend much of his final year in industrial, county, city, or other health departments. Upon graduation most embark immediately upon practice. Approximately 16,000 doctors are graduated each year, which is about twice the number graduated each year from American medical schools. At the moment the ratio of physicians to patients in the U.S.S.R. is said to be approximately the same as in the United States but will not remain so for long in view of the Soviet output. I offer no judgment as to whether this is good or bad. Should there be a glut of doctors in Russia it should be relatively easy for the Ministry of Public Health to cut the enrollment.

One may ask, "Is the Russian method of educating physicians adequate for the needs of the future?" So far as providing a surplus of physicians who can be sent to whatever part of the world it is politically expedient to dispatch them, their large production is an advantage and may be a real asset in spreading the gospel of communism mixed up with better health practices. We know from our own experience that medical missionaries can be highly effective in presenting Western ideas. However, this is a limited advantage, and on the other side of the scale one suspects that the large number of doctors who pour from the Soviet schools can hardly have the background, according to our standards,

that will enable them to contribute effectively to the advancement of medical knowledge.

One would be guilty of serious bias were he to leave the impression that Soviet medical education is so stereotyped and vocational as this general description implies. It would appear to be so at first glance, but there are traditions and practices which mitigate such an outcome. In the first place the quality of students entering the schools is kept high by competitive examinations. The ratio of applicants to those accepted is stated to be five to one. Furthermore, students who have special aptitudes or interests are given the chance to develop them through the system of "scientific circles"—junior, middle, and senior. A student who enters the first year class and evinces an interest, say in anatomy, can join the junior scientific circle of that department. During that year and the next he can carry on additional dissections or learn more histology than the general run—all of this on his own time but with opportunity and encouragement. If he measures up to the standards of the anatomy department he may join a "middle scientific circle" at the end of the second year, and during his two years in this circle takes part in seminars and journal clubs while continuing to do additional laboratory work. If he shows himself to be of adequate intellectual quality and motivation he may join the "senior scientific circle" during the last two years. This is a great honor and earnestly striven after. In the senior circle he engages in many activities of the department and usually carries on an independent investigation, necessarily of limited scope because of available time and facilities.

Successful graduates of senior circles

do not follow the usual pattern of newly graduated physicians who go into practice forthwith. Alumni of the scientific circles go directly to residency or ordinate training, or else they go to one or another of the many medical research institutes, separate from the medical schools, where they are trained as investigators and at the same time proceed toward the degree of Candidate of Medical Science or subsequently Doctor of Medical Science. To achieve the higher degree takes about six years and is equivalent roughly to a Ph.D. degree. At this stage the physician is well on the way to scientific, social, and economic preferment, because scientists are highly remunerated and belong to the social elite.

It is apparent, therefore, that there is a process of natural selection which operates to garner in the ambitious and intellectually superior men and women. We were informed that scientific circles are attached to each of the chairs in medical schools, so that in the aggregate a large number of students are being selected and fostered as the medical and scientific leaders of the future. This, as you can see, may be the "leaven that leaveneth the whole lump," and may ensure that Soviet medicine can measure up to the demands that the future will place upon it.

Most medical schools in the United States do the same sort of thing in an informal way although possibly with less diligence. Moreover, long before Sputnik I there was a profound realization on the part of medical educators that our students must be better prepared in the scientific basis of medicine. The opportunities for students in our medical schools to devote time to investigation are great in comparison to those of ten years ago. Post-doctoral fellowships and

traineeships are quite freely available now and will be more so in the future. However, the social and economic rewards for one who wishes to spend his life in academic medicine are not yet such that they compete on an equal basis with the charm and the personal and economic satisfaction that medical practice offers. There are many indications, on the other hand, that the attitudes of America are changing in these respects and it seems likely that we can look forward to much greater general recognition of the crucial importance of science to our society. After all it is not very long ago, to quote the sage of Baltimore, the late H. L. Mencken, when the title professor was given to "horse-trainers, barbers, bartenders, phrenologists, caterers, patent-medicine vendors, acrobats, ventriloquists, pedagogues, and champions of all sorts." Nowadays the term is sometimes used in other than a satirical sense, and its more restricted use today perhaps reflects an increase in the esteem for learning.

If time permitted, it might be profitable to mention briefly certain specific areas of medicine that greater emphasis will be given to in the future and which the physician must be prepared to promote intelligently. The prevention of disease of all kinds will be one of our main activities and will cause a revolution in medical practice; we will be much more concerned about radiobiology than we are today, particularly the long-term effects of ionizing radiations at low dosage; the whole field of genetics will assume extraordinary importance now that the biochemical basis is beginning to be understood and the list of abnormalities associated with genetic defects ever lengthened; we will of necessity and from common humanity be much more

concerned with the diseases and other health problems of vast areas of the earth that are undeveloped and uncommitted. I won't bore you with a catalogue, nor will I make predictions as to the nature of the practice of medicine 50 years from now, except to note that it will require a far stronger scientific background than we now think suffices. One can only hope that your educational background has been strong enough to support the tremendous burdens the future will place

on you, and to remind you, although this is redundant, that you must be scholars to the end of your days. The words of Cassius in Shakespeare's play, "The Tragedy of Julius Caesar," are those that we as individuals and as a nation must keep before us,

"Men at some time are masters of their fates:  
The fault, dear Brutus, is not in our stars,  
But in ourselves, that we are underlings."

My own faith is that we are not going to be underlings.

# Unusual Syndromes Associated with Colloid Cyst of the Third Ventricle\*

WILLIAM H. MOSBERG, JR., M.D. and AUGUST KIEL, JR., M.D.

THE clinical picture of colloid cyst of the third ventricle has been described by Kelly<sup>16</sup> and by Cairns and Mosberg.<sup>4</sup> Admittedly this lesion cannot be definitely diagnosed without the use of air studies, and reliance on false localizing signs may lessen the chances of a successful result. In the case here reported, this lesion was suspected from the clinical picture but we were dissuaded from proper management of the problem by the presence of unilateral trigeminal hypesthesia. The purpose of this paper is to emphasize the occurrence of trigeminal nerve involvement as a false localizing sign—particularly with colloid cyst of the third ventricle.

## Case Report

V. F., 36-year-old white female, was admitted to University Hospital (#64421) on November 13, 1952. She complained of midline occipital headaches occurring daily and lasting for several hours of two years' duration. Occasionally they were severe and associated with sweating, chills, and a feeling of weakness. Sudden movement of the head seemed to precipitate these attacks. Two weeks prior to admission she noticed some blurring of vision, especially in the right eye. At about this time she developed a numb feeling of the right side of the face. There was no history of nausea, vomiting, diplopia, tinnitus, ataxia, syncopal attacks, or convulsive seizures. The past medical history and general physical examination were non-contributory. She was right-handed.

Mild papilledema, a few nystagmoid move-

ments in both eyes on lateral gaze, hypalgesia and hypesthesia over the maxillary and mandibular divisions of the right trigeminal nerve, and a diminished corneal reflex on the right comprised the abnormal findings on neurological examination. Motor components of the trigeminal nerve were intact. Vision was 20/20 with each eye, and perimetric examination of the visual fields showed slight enlargement of the blind spots. No diplopia was demonstrated with the red glass test. Nasopharyngoscopic, rectal, and pelvic examinations disclosed no abnormality.

Hemogram and urine analysis were within normal limits. The routine blood examinations and electrolyte studies were normal. Roentgenograms of the chest and cervical spine showed no abnormality. The radiologist reported that films of the skull showed marked destruction of the floor of the sella turcica, of the posterior clinoid processes, and of the dorsum sellae, and de-ossification of the left petrous ridge. The electroencephalogram was said to suggest the presence of a localized cerebral disorder deep in the occipito-parietal region slightly more pronounced to the left of the midline. The spinal fluid pressure was 420 mm. and the spinal fluid showed no cells, negative Pandy, and total protein 29 mgm. per cent.

On November 29, 1952, under local anesthesia, bilateral occipital trephines were made, and ventriculography disclosed marked dilatation of the lateral ventricles. The left lateral ventricle was slightly larger than the right, and the third ventricle appeared to be slightly dilated and in the midline. Neither the aqueduct of Sylvius nor the fourth ventricle were visualized. Under endotracheal anesthesia, the posterior fossa was explored following a suboccipital craniectomy. No mass lesion was visualized but there was an excess of cerebrospinal fluid in the subarachnoid pathways of the posterior fossa. These operative findings coupled with an absence of subarachnoid fluid

\* From the Division of Neurological Surgery, School of Medicine, University of Maryland, Baltimore.



Fig. 1. Colloid cyst of third ventricle with hydrocephalus of lateral ventricles.

and a brain under markedly increased tension at time of bilateral occipital trephines suggested the presence of a supra-tentorial lesion. Bilateral ventricular drainage was instituted.

She tolerated the operative procedures well, reacted promptly and fully, and appeared to be progressing satisfactorily until 32 hours following the operation, when she suddenly died.

An autopsy disclosed a colloid cyst of the third ventricle, 1.2 cu.cm. by 0.8 cu.cm. in size (Fig. 1). Dilatation of the lateral and third ventricles, as noted on ventriculography, was present.

### Comment

In discussing this case, two questions immediately came to mind. Does the colloid cyst of the third ventricle, a mid-line lesion, give rise to focal or lateralizing neurological signs? In what circumstances may trigeminal nerve involvement manifest itself as a false localizing sign? Also in retrospect one asks how this lesion could have been diagnosed despite the misleading clinical picture.

Cairns and Mosberg<sup>4</sup> have recorded left-sided pyramidal signs in two cases of colloid cyst of the third ventricle, left hemiparesis in one case and weakness of right hand grip in another. These authors have also reported in other

patients with this tumor: inferior binasal hemianopsia and slight right hemiparesis, incomplete right homonymous hemianopsia and slight right hemiparesis, and bitemporal hemianopsia with slight weakness of the left lateral rectus. Grossiord<sup>12</sup> noted attacks of weakness of the left arm and leg associated with left central facial weakness, and Stookey<sup>21</sup> observed clonic spasms of the right arm. Bull and Sutton<sup>3</sup> described left-sided numbness and paresthesiae for seven years and then a two-year remission followed by weakness of the left arm. Campbell and Schwind<sup>5</sup> recorded occasional tinnitus in the left ear, and Ward and Spurling<sup>23</sup> occasional buzzing in the right ear. Staggering gait was reported by Beutler,<sup>2</sup> Dandy,<sup>8</sup> Mott and Barratt,<sup>18</sup> and Wallman;<sup>22</sup> and extra-ocular palsies were observed by Dandy,<sup>8</sup> Mott and Barratt,<sup>18</sup> Risien Russell,<sup>20</sup> and Wilson.<sup>24</sup>

In his clinical analysis of 29 cases of colloid cyst of the third ventricle, Kelly<sup>16</sup> described a number of "anomalous cases with signs falsely suggesting a localization." Three of his patients complained of vertigo. In one of these, the vertigo was accompanied by an ataxia and a sensation of propulsion to the right, whereas the other two suffered from spontaneous attacks of true rotatory vertigo. In one of the latter, the symptom was provoked by sudden movement of the head. Another of his patients demonstrated a gross ataxia of gait and a gross cerebellar type of ataxia of the lower limbs. Four other cases presented with moderate unilateral pyramidal signs. One patient was considered to show extra-pyramidal type of plastic rigidity of the right arm and leg, and one case described attacks during which the right hand and later the right leg shook. Another of his patients described a tinnitus of sudden

onset lasting two hours at a time, "like hundreds of seagulls screaming." On examination of this patient, besides the papilledema, there was an inconstant humming bruit audible only in the left frontal region, and consisting of a number of noises at different pitch. Kelly<sup>16</sup> points out that this bruit must have been due to the hydrocephalus but the constant localization to one spot was misleading.

Fifty-four years ago Collier<sup>6</sup> described trigeminal symptoms with analgesia occurring over the peripheral fields in association with increased intracranial pressure. In 1909 Cushing<sup>7</sup> reported trigeminal paralysis on the same side as, but at some distance from, a supratentorial brain tumor. Case 2 of Dowman and Smith<sup>9</sup> had a tumor of the right frontal lobe and gave a history of a sensation of freezing in the right side of the face. On examination a complete motor and sensory paralysis of the right fifth cranial nerve was found. Case 3 of these authors<sup>9</sup> also had a tumor of the right frontal lobe, a left homonymous hemianopsia and a paralysis of the right fifth cranial nerve. Hamby<sup>13</sup> reported two cases of trigeminal pain caused by a contralateral tumor of the posterior fossa and called attention to one other case in the literature.<sup>19</sup> Alajouanine *et al.*<sup>1</sup> described a patient with a left frontal meningioma who on examination showed corneal hypesthesia on the left, bilateral sixth nerve paralyses, right peripheral facial paralysis, and left hemiparesis with hyperactive reflexes. A marked diminution of the corneal reflex on the right in a patient with a right temporal meningioma has been reported by Géraud *et al.*<sup>11</sup> Ehni<sup>10</sup> has recorded an instance of left trigeminal palsy due to a right temporal meningioma. Jefferson<sup>15</sup> has stated: "By foramina herniation in its general sense

is commonly meant the best known form, tonsillar (cerebellar) herniation into the foramen magnum. It is known that in cases of high intracranial pressure of long standing other local herniations may complicate the clinical picture, notably those into the foramina in the floor of the middle fossa, producing paradoxical trigeminal pains and even anesthetics (*e.g.*, in cases of occipital and other meningiomas and even in some cases of benign gliomas), . . ."

Two of the reported cases of colloid cyst of the third ventricle seem particularly appropriate to the present discussion. Grossiord's Case 2<sup>12</sup> complained of tingling of the right cheek for two weeks and on examination showed a diminished corneal reflex on the right. In the case reported by Hassin and Anderson<sup>14</sup> there were attacks of numbness and itching of the left side of the face.

In the consideration of our case the possibility of a colloid cyst of the third ventricle was seriously considered on the basis of the clinical picture. The intermittent attacks of headache and their relation to posture of the head suggested the presence of such a ball-valve type of lesion. Ventriculography failed to disclose the classical defect in the anterior third ventricle described by Bull and Sutton.<sup>3</sup> It must be emphasized, though, that in this case (although it is not our usual practice) ventriculography was accomplished by tapping and injecting air into both lateral ventricles. The complete filling of the lateral ventricles and third ventricle, the absence of a ventricular filling defect, and the right-sided trigeminal involvement led us to explore the posterior cranial fossa. Had a lack of communication between the lateral ventricles and blockage at the foramina of Monro been appreciated at time

of ventriculography, our attention would have been directed correctly to the anterior third ventricle as the site of the lesion. Certainly our experience in this case gave further credibility to Dandy's statement: "... the so-called false localizing signs such as staggering gait, positive Romberg, ataxia, and nystagmus, may lead to operations upon the cerebellum and not only with negative but frequently with disastrous results."

For some years now, many third ventricle tumors have been treated palliatively by a shunting operation such as Torkildsen's ventriculocisternostomy. Under the impression that the operative procedure is less hazardous, one might be tempted to treat a colloid cyst of the third ventricle by ventriculocisternostomy rather than by direct attack on the lesion. Our experience with this case, as well as the experience of McKissock,<sup>17</sup> demonstrates that such a course may lead to disaster. In the case here reported, following the posterior fossa exploration in which we found no tumor, but rather an excess of subarachnoid cerebrospinal fluid, we were led to suspect the presence of a tumor of the third ventricle and surgical attack on that area was projected. We believed as Kelly<sup>16</sup> has stated: "... a patient with a benign, operable tumour of the third ventricle has the scales hopelessly weighed against him by unilateral ventricular drainage which affords no relief but merely so alters the pressure relationship inside the skull, with a collapsed, draining ventricle on one side and a ventricle grossly dilated under pressure on the other, that irreparable damage is the result." In an attempt to avoid this sequence of events, we instituted bilateral ventricular drainage. Although the catheters in both of the lateral ventricles

were patent and were draining ventricular fluid and the patient was progressing quite satisfactorily, she suddenly died 32 hours following operation. Bilateral ventricular taps done at that time showed no increase in intra-ventricular pressure, the fluid having to be aspirated in order to be withdrawn. McKissock<sup>17</sup> has reported a case of colloid cyst of the third ventricle which he treated by performing a bilateral Torkildsen operation. Post-operatively "recovery was slow but the patient was well enough to leave hospital four weeks after operation only to return two weeks later with an exacerbation of headache and increasing papilloedema." These observations cannot be reconciled with hydrocephalus alone being the cause of death in these patients. In McKissock's case<sup>17</sup> no mention is made as to the patency of the ventriculocisternostomy tubes when the patient's condition worsened, but in the case here reported we know that the intra-ventricular pressure was not increased at time of the patient's death. There must then occur some local event at or about the anterior third ventricle which is responsible in at least some cases for deterioration in the patient's condition and death. Stookey<sup>21</sup> has suggested that the cyst may obstruct the small veins of Galen at the time of impaction, with resultant venous engorgement of the corpus striatum and of the choroid plexuses of the lateral ventricle. Other adjacent structures which may be involved are the anterior columns of the fornix, body of the fornix, and anterior tubercle of the thalamus. The colloid cyst of the third ventricle is an unique lesion. Here is a benign cystic mass which may exist asymptotically throughout the lifetime of its host on the one hand and may cause sudden death on the other.

Although constant in location, these lesions are not immobile and cause symptoms by intermittently obstructing the foramina of Monro. The literature is replete with instances of deterioration and death of patients with colloid cysts following ventriculography, ventricular tapping, and ventricular drainage. Lumbar puncture, notorious as a means of precipitating disaster in the presence of other intracranial mass lesions, has been reported many times in patients with colloid cyst of the third ventricle. Although more often than not the spinal fluid pressure has been markedly elevated, we could find only one case<sup>3</sup> in which deterioration of the patient's condition might have followed lumbar puncture. These observations further minimize the role of brain herniations at the incisura of the tentorium and foramen magnum in the death of these patients.

In any event, the available evidence indicates that colloid cyst of the third ventricle should not be treated by ventriculocisternostomy. Removal of a colloid cyst is in fact usually an easy operation. In the majority of cases the cyst can be dissected from the choroid plexuses without risk of serious hemorrhage. In cases where the cyst wall is firmly adherent to the choroid plexuses, in order to obviate the risk of serious intra-ventricular hemorrhage, the technique suggested by McKissock<sup>17</sup> and by Cairns and Mosberg<sup>4</sup> should be employed. The cyst is emptied either by suction or by squeezing the cyst with forceps passed through the foramen of Monro. The capsule is then treated with electro-cautery following which it shrivels up into a tiny bead of burned tissue 2 to 3 mm. in diameter, leaving the foramina of Monro wide open and unlikely ever again to become blocked.

## Conclusions

1. Many instances have been reported of false localizing signs in association with colloid cyst of the third ventricle. Although there are certain clinical features which suggest the diagnosis, these lesions cannot be definitely diagnosed without ventriculography. Certain of these false localizing signs cannot be ignored, and accordingly in some cases an accurate localization on clinical grounds is impossible.

2. Trigeminal nerve involvement may present as a false localizing sign in cases of colloid cyst of the third ventricle as well as other intracranial mass lesions.

3. Colloid cyst of the third ventricle is a lesion urgently demanding surgical treatment. The proper treatment consists of direct surgical attack on the lesion rather than any palliative procedure such as ventricular tapping, ventricular drainage, or ventriculocisternostomy.

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# A Clinical Evaluation of a New Deodorant-Antiperspirant Deocin\* in the American Tropics

MARK. T. HOEKENGA, M.D.†

AMONG the cosmetic problems common to peoples of all areas on this globe are the control of body sweat and body odors. Practicing physicians in the tropics are frequently asked for remedies to control the excessive sweat experienced alike by nationals and foreigners in these countries. The control measures suggested have often not been successful, either because of ignorance of the mechanisms involved in sweat production, or because of inadequate formulations.

The apocrine glands are distributed in the axillae, the areolae of the nipples, and the periumbilical and anogenital regions; their secretion is sterile and nonodorous when it reaches the skin surface but quickly undergoes bacterial decomposition and produces an unpleasant odor. The eccrine glands are found in the skin of the face, palms, soles, but also occur over the rest of the body. Since the prime function of these is to regulate body temperature by secreting water to permit evaporative cooling of the skin surface, they are responsible for the "wetness" of sweat, the visible moisture. The creation of a formulation to "control sweat,"

therefore, must really be a search for two agents—one to prevent the odor brought about by bacterial action on secretions of the apocrine glands, the other to regulate the moisture produced by the eccrine glands.

Of the many bactericidal substances topically employed to prevent odor caused by bacterial decomposition, one of the most effective is neomycin. This was first demonstrated clinically by Shelley and Cahn,<sup>1</sup> using a lotion containing 3.5 mg. of neomycin base per gram of vehicle, and since then by many others. Experience has shown that neomycin, in this concentration, destroys or inhibits the growth of most gram-positive and gram-negative organisms responsible for changes in apocrine sweat and possesses a low sensitization potential.

The problem of "wetness" is less easy to control. The secretions of the eccrine glands may be inhibited by anticholinergic agents, but doses large enough to inhibit sweating produce annoying atropine-like effects in other organs. Topical astringents such as the aluminum salts are known to be relatively inefficient as antiperspirants, but they are the best so far known.

## Materials and Methods

In the present study a lotion with the following active ingredients per cc. was

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\* Manufactured by The Upjohn Company, Kalamazoo, Michigan, under the trade name "Deocin" Aerosol, and "Deocin," Plain Lotion.

† Medical Superintendent, Puerto Armuelles Hospital, Chiriqui Land Company, Republic of Panama.

employed, packaged with freons to allow administration as an aerosol spray.

Neomycin sulfate P. USP blended . . . . . 5 mg.  
 Aluminum chlorhydroxide complex . . . . . 200 mg.  
 Methylparaben USP . . . . . 2 mg.  
 n-Butyl-p-hydroxybenzoate . . . . . 3 mg.

The experiment was carried out in the hot, humid, lowlands of southwestern Panama, near the Costa Rican frontier. Here, temperature and humidity are frequently so high that excess sweating occurs without exertion. During the dry-season months of January through April, 1957, 50 active adult individuals used the lotion for periods ranging from one to four months, with an average of approximately three months. This particular season was remarkable in that new records of sustained and prolonged high heat and humidity were set. Twenty were North Americans, 30 were Panamanians or Central Americans. The ages ranged from 18 to 43 years. Thirty-two were females and 18 were males. All of the subjects were of above average intelligence and belonged to the upper social strata, approximately half of them being physicians, nurses, and clerical staff of the Puerto Armuelles Hospital. They were well accustomed to using antiperspirant preparations and critical in their judgment of them.

The lotion was presented to them as "Unknown" in units containing identical formulas bearing the code designations "C-23" or "C-24." The subjects were asked to compare and contrast the contents of the two, using them one or more times daily. Each individual was requested to make detailed daily notes regarding: a) efficiency of the lotion as a deodorant, b) efficiency as an antiperspirant, c) action against miliaria (prickly heat), d) action against skin infections, e) acceptability in regard to

odor, staining of clothing, etc., and f) untoward clinical side effects.

## Results

For the most part, users correctly assessed the two lotions to be identical. Instances in which some imagined differentiation was made were minor and unimportant. Therefore, all results have been considered together in the over-all evaluation:

*Efficiency as a deodorant.* All agreed that the preparation was fully effective as a deodorant even in the exceptional tropical weather which prevailed during the study. A few stated that the effect lasted only for 30 to 60 minutes, others for several hours, and others for the entire day. Approximately one half volunteered the information that the product was better than others previously used.

*Efficiency as an antiperspirant.* All agreed that the lotion possessed about as much "anti-wetness" effect as other marketed products. On very hot, humid days, many individuals experienced perspiration in spite of frequent use of the lotion, although perhaps a lesser amount. Other persons, though, found that frequent use drastically curtailed sweat to the point that unpleasant dryness occurred. Occasionally it was mentioned that sweating temporarily increased after lotion application, then decreased as expected.

*Action against miliaria (prickly heat).* We included observation on miliaria in this study because Lubowe *et al.*,<sup>2</sup> Lyons *et al.*<sup>3</sup> and Forbes and King<sup>4</sup> had already pointed out the beneficial effect of topical neomycin in this condition. Among the 50 lotion users, there were 20 specific instances of miliaria, varying in severity from light to moderate. All 20 responded within 48 hours to the application of the lotion three times daily. In addition, five

individuals who were unusually prone to miliaria, as judged by past experience, used the lotion prophylactically three to five times a day during periods of particularly high temperature and humidity. Of the five, only one experienced a mild, transient heat rash during the entire dry season of the experiment.

*Action against skin infections.* Three of the subjects developed mild pyodermic infections during the time of the experiment, and these responded in two to three days to the use of the lotion four times a day. The two-year-old child of one individual developed impetigo, and the mother applied the lotion four times a day by spraying it first into her hand, then anointing the impetiginous area. There was rapid clearing of the lesion within four days. This limited experience is in keeping with the great mass of evidence presented by dermatologists in England,<sup>5</sup> Texas,<sup>6,7</sup> New York,<sup>8</sup> and Ohio,<sup>9</sup> who together have treated many hundreds of pyodermic skin infections with some form of topical neomycin.

*User Acceptability.* Many users spoke of the pleasant, cooling freshness they experienced. The odor was generally described as agreeable and pleasant; only three persons alleged that the odor was "overpowering" if too much spray was employed. Five mentioned that "too much drying" occurred if large amounts of the material were rubbed on the hands. Two individuals complained that the spray outlet sometimes became blocked from spray drying over the orifice. One young woman of 20 years maintained that sometimes the lotion left a faint whitish-blue color on her skin that persisted for several hours; none of the 50 claimed any adverse effects on clothing. Common enthusiastic remarks were, "magnifi-

cent," "works wonderfully in hot weather," "best thing I've ever tried," and "really is good."

*Side effects.* Side effects were infrequent and minor. One 40-year-old male alleged slight urticaria under one arm after a week's use of the lotion, but this disappeared even as he continued to use the product. Three other persons indicated that the skin seemed slightly irritated after employing the lotion, but this again was obviously a minor matter since none of them discontinued its use. No other side effects were noted.

### Comments

In general, the neomycin lotion produced good clinical results when used one or more times daily, even during the exceptionally high heat and humidity prevailing in Panama during the 1957 dry season. The antibiotic was truly effective since body odor was absent in all cases. The consensus of the users was that the antiperspirant effect was less clear-cut, but at least as good as could be obtained by using any commercially available formulation. This experience has been similar to that reported by Robinson and Robinson<sup>10</sup> who used Deocin aerosol and Deocin plain lotion, under temperate climatic condition.

We were pleased to be able to corroborate the reported favorable effects of neomycin against miliaria in the small series reported. This again represented a rigorous test for the product because of the extreme climatic conditions prevailing. Apparently neomycin is active against this condition by virtue of its destruction of staphylococci and other gram-positive cocci which are believed frequently to function as a trigger mechanism in miliaria production.

### Summary

A neomycin-aluminum chlorhydroxide complex deodorant-antiperspirant lotion (Deocin) was employed during a dry season of record heat and humidity in Panama by 50 adult subjects with gratifying results. As a deodorant it was acclaimed remarkably good. As an antiperspirant it was judged at least as good as other currently used products. Against miliaria it gave excellent results, as it also did in a limited number of pyogenic skin infections. User acceptance was unusually good. Side-effects were infrequent and inconsequential.

### Acknowledgement

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# The Use of Peganone\* in Uncontrolled Seizure Patients

RUTH W. BALDWIN, M.D.†

## Introduction

PEGANONE, a new anticonvulsive medication, was tried in 47 cases of uncontrolled epilepsy. This new hydantoin, 3-ethyl-5-phenylhydantoin, also referred to as ethotoin, differs from diphenylhydantoin sodium, better known as Dilantin, by the addition of one ethyl group and loss of one phenyl group. The other hydantoin frequently used, 3-methyl 5, 5-phenyl-ethyl-hydantoin (Mesantoin), has a methyl in place of an ethyl grouping and an ethyl grouping replacing a hydrogen. The structural formulas of the three hydantoins presented in Figure 1 show these differences.

number of cases now that can be better controlled. Less than 50 years ago, effective remedies for the treatment of epileptic seizures did not exist. In a few, fortunate individuals, bromides might bring about some reduction in the frequency or severity of attacks.

Phenobarbital came into use just before World War I. It represented the first significant advance in the management of these disorders. The last 20 years has seen the development of a large number of synthetic compounds, all of which are capable of modifying the clinical manifestations of epilepsy.

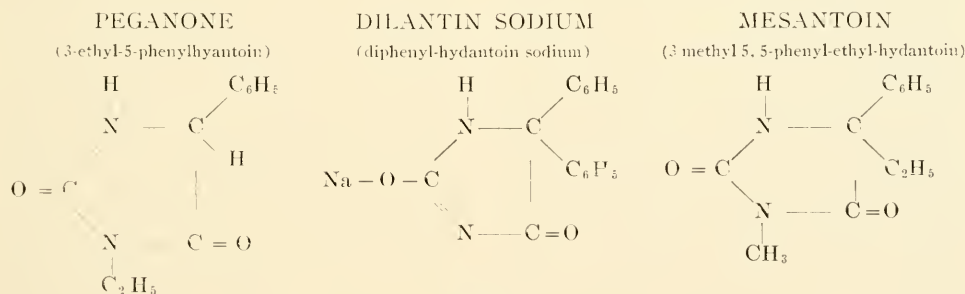


Figure 1

This new preparation is added to the group of newer medicines for the control of epileptic seizures and increases the

Yet, none of these new compounds is a panacea. Each patient has an individual response pattern, and sometimes many medications have to be tried to establish the best drug, or group of drugs for the control of seizures in an individual case.

It is for these reasons that a new anti-epileptic medication is always of interest to the physician confronted with these problems. Critical evaluation of such

\*The medication used in the study was supplied by Abbott Laboratories, North Chicago, Illinois.

†Director of Seizure Unit, Department of Pediatrics, University of Maryland School of Medicine. Patients studied were at Rosewood State Training School and those attending outpatient clinic at the University Hospital.

drugs is necessary if improvement of existing methods of treatment is to be achieved.

After the barbiturates gained an established place in the management of epilepsy, the next really significant advance was the development of the hydantoins. These compounds were particularly effective in the control of grand mal seizures, but the optimum therapeutic dosage and the toxic dosage of these compounds have always been close. In many cases the clinical use of hydantoin preparations has been limited by the appearance of toxic side effects.

Multiple screening methods<sup>1</sup> have facilitated the testing for a large number of new antiepileptic compounds. One such compound, ethotoin, was formulated on the theory that the substitution of an ethyl group for a methyl group on the number three nitrogen atom would result in a somewhat less potent, but considerably less toxic hydantoin. Laboratory tests using this new compound appeared to support this postulate. With extremely high doses of 800 mg./Kg. test animals showed only prolonged sleep. It prevented supramaximal electroshock and Metrazol seizures. Animals used were mice, rats, and dogs. Examinations of blood, bone marrow, urine, and microscopic tissue sections showed no toxic effects.

In 1956 a clinical report<sup>2</sup> indicated that ethotoin was an effective drug in the control of grand mal seizures and showed less side effects than any similar agent previously used by the author. There were no untoward effects such as ataxia, leukopenia, aplastic anemia, and gingival hyperplasia.

Late in the same year, a second clinical report<sup>3</sup> appeared to confirm the relative lack of toxicity of ethotoin. Com-

parative tests with diphenylethyl hydantoin suggested that ethotoin might not show quite such an effective anticonvulsant action, but it was stated that the freedom from side effects, together with definite effectiveness in major motor epilepsy should make this agent a worthwhile anticonvulsant.

In 1957, there was a further report<sup>4</sup> of the use of ethotoin in a group of 38 chronic, refractory, institutionalized epileptics. It was stated that a significant improvement in control was achieved in this group by either adding ethotoin to the existing regimen or by its use alone.

### Present Study

In March, 1955, it was decided to try to replace other, more toxic hydantoin medications with ethotoin, at this time labeled AC 695, and later as Peganone. Accordingly, seven uncontrolled cases were gradually placed on increasing doses of this medication, first using 0.25 Gm. daily, later increasing by this amount each week while gradually reducing the dosage of the other hydantoin at about the same rate. Since the early results were disappointing, medication was continually increased until finally the patients were receiving eight 0.5 Gm. tablets of Peganone each day, a total of 4 Gm. In spite of this comparatively large dosage, it was found that in these seven patients seizures were unchanged with two patients having more severe or more frequent seizures than previously. Previous therapy had to be reinstituted.

Following this experience but still with the hope it would help control the refractory case, Peganone was employed without decreasing the other medication in any case of uncontrolled seizures giving a clinical picture of grand mal epilepsy.

BALDWIN—PEGANONE IN UNCONTROLLED SEIZURE PATIENTS

TABLE I

Univcrsity Hospital			Rosewood State Training School		
<i>Ages</i>	<i>No.</i>	<i>Dosage</i>	<i>Ages</i>	<i>No.</i>	<i>Dosage</i>
6-10	2	1 Gm./day	6-10	3	1-2 Gm./day
11-20	10	1-4 Gm./day	11-20	7	1 2 Gm./day
21-30	6	1-3 Gm./day	21-30	11	1-3 Gm./day
31-45	4	1-3 Gm./day	31-45	4	1-2 Gm./day
Total	22		Total	25	

Most of these cases were taking at least two other anticonvulsants, and previously had been on others without effect. An additional 40 cases of this type were treated with Peganone. Of these, three cases had myoclonic seizures as well as grand mal attacks, with corresponding spike-slow wave discharges in the electroencephalogram. One patient suffered from a combination of grand mal and psychomotor seizures. There was only one case of psychomotor seizures alone, and none of petit mal alone.

Twenty-five patients in this group of 40 showed severe brain damage, associated with mental retardation. They were regarded as an extremely refractory group. The remaining 15 patients were less severe cases—some of normal mentality, but the majority showing some degree of brain damage.

The ages of the patients at the Rosewood State Training School ranged from 6 years to 44 years and in the University Hospital Outpatient Clinic from 5 years to 45 years. Table I gives the range of ages in the two groups and the average dosage used. There was no relationship found as to amount of Peganone used per day and achievement of control.

The shortest period for which Peganone was used was two months. In this

instance it was discontinued as the patient was having more frequent and more severe seizures. The longest period for which the medication has been employed is almost four years, in those cases who have been controlled or improved. The mean duration was two years.

Results

The seven refractory cases, in which a substitution test was employed, did not benefit (and, in fact, two became worse), while on treatment with Peganone. In the 40 cases in which Peganone was added to the existing regimen, 47.5% showed improvement in the severity or frequency of seizures. The overall results, and the results in specific seizure types are shown in Tables II and III.

No attempt was made to evaluate the percentage of improvement on a mathe-

TABLE II

	<i>Total</i>	<i>Per Cent</i>
Controlled	10	25
Improved	9	22.5
No Change	20	50
Worse	1	2.5
Total	40	

TABLE III

	<i>Grand Mal</i>	<i>Petit Mal</i>	<i>Psychomotor</i>	<i>Grand Mal &amp; Petit Mal</i>	<i>Grand Mal &amp; Psychomotor</i>
Controlled	10	0	0	0	0
Improved	7	0	0	1	1
No Change	22	0	1	1	1
Worse	2	0	0	1	0

mathematical basis. Improvement indicates a moderate to marked 50% or more reduction in the frequency of seizures. Other medications were continued in this group while the effect of Peganone was being assessed. Twenty-four of the patients were receiving at least one barbiturate in combination with another hydantoin. Five patients were receiving two other hydantoins, seven patients received one hydantoin preparation, seven patients received barbiturates alone, and five patients (included in those described above) were also receiving medication for petit mal seizures.

During this study, there was no evidence of any toxic effects from the use of Peganone. Routine blood studies, including white blood counts, hemoglobin, differential counts, and urinalysis showed no abnormality. There was only one complaint of drowsiness severe enough to warrant discontinuation of medication. This occurred in a patient suffering from psychomotor seizures, who did not appear to benefit from the administration of 2.5 Gm. of Peganone daily.

It is noteworthy that even when Peganone was added to the regimen of patients receiving other hydantoins, there was no increase in side effects, despite the fact that in many cases, Peganone was employed at a relatively high dosage level.

### Summary and Conclusions

1. As a substitute for other hydantoins in seven refractory cases of grand mal epilepsy, Peganone was ineffective.

2. When used to supplement the existing medication in a group of 40 additional cases (incompletely controlled), Peganone brought about complete control of the seizures in 21% of the cases, and improvement in a further 19%.

3. There were no toxic effects. Even when Peganone was used with other hydantoins, at relatively high dosage, side effects did not increase.

4. Peganone undoubtedly has a place in the list of anticonvulsants, but, used alone, has not been able to replace other hydantoins in the more severely involved cases. It is of value as an addition to existing medication in the management of difficult and refractory cases.

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# Jewish Law, Social Prejudice, and Autopsy

HERBERT RIBNER, D.H.L.

WITH the mounting educational campaign to rally public support for concurrence with autopsy requests, those concerned with the obtaining of such permits in the hospital are often confused when faced with a death in a Jewish family. This stems from a commonly accepted belief that Jews will not permit autopsies. The questions then arise, Are Jews unalterably opposed to necropsies? Is there a method whereby Jews can be brought to agree to a postmortem examination? Is this a difficulty peculiar to Jews or is it a general problem?

To understand and cope with the problem it is necessary to 1) briefly explain the Jewish religio-legal opposition to autopsy, 2) to see this opposition in its proper perspective, and 3) to advance a series of suggestions to deal with the problem.

## Historical Development

The basis for traditional opposition to autopsies lies in the concern of the Jewish ancients with the sanctity of the individual. To them man, who was created in the image of God,<sup>1</sup> was him-

self sacred. The corpus of man, too, was sacred, and even when life was ended, the body was to be treated with sanctity.<sup>2</sup> "The sanctuary may be in ruins yet it is still sacred because at one time the Shechina (spirit of God) dwelt therein."<sup>3</sup> Whatever would desecrate the body was forbidden, in death as much as in life.

What was "desecration of the dead?" In the period of the Talmud, among other things, anything disturbing the dead such as disinterment and autopsy was considered a desecration. Even among the Greeks, autopsy was a procedure limited to criminals and slaves.<sup>4</sup> The Romans, who saw no moral wrong in death from gladiatorial combat or the casting of people to the lions, frowned, nevertheless, upon dissecting the dead.<sup>5</sup> Christian disapprobation is evidenced by St. Augustine who about the year 400 wrote, "With a cruel zeal for science, some medical men who are called anatomists have dissected the bodies of the dead and sometimes even of sick persons who have died under their knives and have inhumanely pried into the secrets of the human body in order to learn the nature of disease and its exact seat and how it might be cured."<sup>19</sup> Among the Arabs, based on a prohibition in the Koran, religious opposition to dissection continued down to modern times.<sup>20</sup> In short, the common concept prevalent in the ancient world was that it was wrong to disturb the dead or to fail to keep inviolate the body of the deceased.

But even as early as the Talmud,

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EDITOR'S NOTE: At the time this paper was submitted Mr. Herbert Ribner was serving as Summer Research Fellow in Neuro-Pathology in the School of Medicine. His academic background includes a professional career as an ordained rabbi. This, uniquely coupled with three years of medical education, has served to sharpen his focus on the problem of autopsy which he sees uniquely from the point of view of a scholar trained both in theology and in medicine. Mr. Ribner's remarks should prove most interesting and helpful.

accepting the view that man may voluntarily permit an autopsy on himself, there was already established in Judaism a qualifying principle. This was that if, through the direct performance of the postmortem examination, a life would be saved, postmortem examination was permitted. The assumption was that if the deceased had known how important it would be to the living, he would have granted permission to perform an autopsy, thus eliminating the question of "desecration of the dead."<sup>3</sup>

That opposition to autopsies was the prevalent view among Jews through the middle ages and into modern times was evidenced by a decision handed down by Rabbi Ezekiel Landau<sup>6,9,10,19</sup> (1713-1793, Prague). Responding to a query from England as to whether an autopsy was permissible on a man who had died from gall bladder complications, Landau established the principle that an autopsy is permitted only when it may save a human life and "only where there is before us concretely such a possibility, as, for instance, a person sick with that same ailment." In the absence of a living patient present at the time suffering from a disease similar to the one which existed in the deceased, an autopsy was prohibited. That the environment of Prague in Landau's time reflected a similar attitude is seen in his further comment, "even the Gentiles do not perform autopsies on dead bodies, except on criminals condemned to be executed or on those who willed during their life that their bodies be subjected to an autopsy."

Landau's attitude was not unusual. While enunciating the traditional Jewish view, he was also reflecting the view that was generally prevalent. One has but to recall the general abhorrence with which the public of Western Europe and the

United States looked upon dissection of the dead only a century ago to comprehend the Jewish concept of "desecration of the dead." Lassek<sup>7</sup> writes, "between 1765 and 1852 at least 13 riots, possibly more, occurred within the United States. They included mob attacks on the homes of anatomists, hospitals, medical schools, and a hotel. . . . One professor of anatomy was seriously shot in the arm and paralyzed for life, a student was killed, police were sometimes badly beaten and on one occasion the militia was called out." Resistance to the dissection of a body for other than the most significant reasons was the prevailing as well as the Jewish point of view, and it did not change until the end of the 19th century when physicians possessing wide knowledge of pathology began to come into ascendancy and when the public began to understand the value of and the need for autopsies.<sup>8</sup> Then it was that the general attitude of the public, and the Jews as well, began to change.

It is needless here to enter upon a discussion of the various rabbinical opinions which in the past 25 years were expressed in favor of permitting autopsies in order to demonstrate the change which has occurred in the Jewish attitude toward necropsies. Today, Jewish religious law has begun to redefine the idea of "desecration of the dead." While there still remains a group which adheres to the old concept as expressed by Landau, one of the latest views on autopsies, and the one which will in the relatively near future probably influence most orthodox rabbis, is that expressed in a Concordat between the Chief Rabbinate of Israel and the Hadassah University Hospital.<sup>9,10,19</sup> This grants permission to perform autopsies:

1. Where it is required by law, *i.e.*, to ascertain foul play.

2. In such cases where the physician cannot ascribe the cause of death to any disease.

3. In order to save a life, whether the patient is in the immediate hospital or not, and

4. In cases of hereditary diseases where an autopsy will assist in caring for surviving members of the family.

It is now apparent that this opinion by the Israeli Chief Rabbinate reflects the official religio-legal stand on autopsies, and that it is only a question of time until it will percolate down to orthodox rabbis in the United States.

### Present Perspective

Saphir is probably correct when he states, "It seems clear that the ban on autopsies is based not on justifiable religious grounds, but rather on custom, prejudicial traditions, and sentiment."<sup>11</sup>

To think, however, that with the removal of rabbinical opposition the problem has been solved is to fail to comprehend the nature of the opposition to autopsies. What the physician must realize is that he will continue to face a far more potent factor than religious law and tradition: it is the personal emotional resistance to autopsy. It is a revulsion which may have had much of its origin in religious law, but which because it was supported in "custom, prejudicial tradition, and sentiment," has become deeply ingrained in the emotions of the public and will, therefore, require more than simply rabbinical acquiescence to receive public acceptance.

At this level the problem is not only one of Jewish opposition to autopsies, but it includes the resistance on the part

of the general public as well. Thus in Ontario<sup>12</sup> in 1953 only 14.7% of total deaths were autopsied. In Minnesota<sup>13</sup> in 1951 only 16.4% of total deaths were autopsied. While in both these communities there is no indication of how many requests for autopsies were refused, it may be deduced that people do not look upon autopsies as a commonly accepted procedure.

In areas where the public has already been educated to accept autopsy, even more interesting figures are seen. Brown<sup>14</sup> reports that in Beverly (Massachusetts) Hospital 422 out of 1,263 non medico-legal autopsies were refused. Of these refusals, 36.6% were Catholics (43.5% of total population are Catholics), 59.4% were Protestants (50.8% of the total population are Protestants), 3.8% were Jews (3.7% of the total population are Jews); and the author concludes, "In this area at least, the religion of the patient has almost nothing to do with the frequency of autopsy refusal."

While Turkel<sup>15</sup> believes that this resistance to autopsy can be removed, yet he expresses the opinion of many when he states, "It is often held that resistance to autopsies by the public and by morticians is insurmountable."

Upon what is this opposition based?

Speaking at least for the Jew, after participating in many funerals it has been my observation that many, even of the most intellectual bent and often far removed from formal religion, tend to revert to emotionalism when faced with a death in the family. The mixture of fear, superstition, mysticism, and hyper-filial devotion is so commonly seen that one often finds at least one member of a family whose unyielding opposition to an autopsy is sufficient to prevent its performance. A response which is often

heard is, "He suffered enough during his life; now leave him alone to rest in peace."

Morticians, who have often been delayed by a slowly operating procedure for performance of autopsies or who have had bodies turned over to them after an improperly performed autopsy so disfigured as to make difficult the task of restoring the body in a viewable manner, or who have resented the disrespectful manner in which the body was handled, have in many instances been a deterring force. The thought of a loved one being "cut up," the rumors concerning disrespectful procedures in autopsy rooms, coupled with some religious attitudes regarding resurrection of the dead, along with the factors previously mentioned offer potent forces of resistance on the part of the public. One has but to think of how relatively few people have consented to cremation to comprehend the part which emotions play.

### How to Cope with the Problem

Recognizing the widespread aspects which the problem of autopsy presents and the emotional component as the basic element to be reckoned with, the solution becomes one of interpersonal relations.

In approaching Jews for permission to perform autopsies, one may well adopt the recommendations of Gould<sup>16</sup> and others<sup>17,18</sup> \* which they have applied

mainly to solving the problem of Gentile resistance. The former states, "The most important single factor (in obtaining autopsy permission) is the good will of members of the family engendered by the physician and other hospital personnel during the patient's stay in the hospital." He advises:

1. Establish the best possible doctor-patient relationship, as well as a proper rapport with the family, wherein the physician "becomes a friend in whom the relatives repose their confidence."

2. When it is necessary to approach the family to secure permission for autopsy, select the person who is most likely to succeed in obtaining such permission by virtue of the personal relationship which this person previously established, whether it be physician, nurse, or hospital chaplain.

3. Maintain good relations with funeral directors and understand their problems and cooperate with them.

4. Be aware of any critical comment regarding the performance of autopsies and act to rectify them.

5. Write to the family following the autopsy and express appreciation for its cooperation in helping to obtain valuable knowledge, and convey to them an understandable concept of the findings.

In addition to these recommendations when dealing particularly with the Conservative and Orthodox and, to a lesser extent, Reformed Jew:

1. Do not advise an autopsy for routine purposes, but do so only when it is considered that a real scientific problem is involved.

2. Do the autopsy as early as possible, for many Jews will desire that the burial take place within 24 hours, or at the most 48 hours after death.

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\* Reference is made in Werne's article to *Manual of Procedure Upon the Occurrence of a Death in Hospitals of the New York Metropolitan Area*, issued by the New York Academy of Medicine, 2 East 105th Street, New York 29, New York, wherein are indicated recommended procedures to follow in obtaining autopsies.

3. Except for organs which require further examination, all dissected organs should be made available for burial with the body.

4. The body should be treated with the respect commensurate with its sanctity.

Finally, there will always be a small percentage who will resist autopsies no matter what the approach. Accept this in good grace, and with understanding for the deep feelings which motivate their opposition.

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The following from Abeshouse, *op. cit.*, is quoted from the Concordat between the Chief Rabbinate and the University Hadassah Hospital:

"I. The chief Rabbinate will not interfere with the dissection of the dead in the following four classes.

1. Dissection of the dead when required by Law.
2. Dissection of the dead is permitted in order to ascertain the cause of death in those cases where the diagnosis is unknown or undetermined by the physician...
3. Dissection of dead is permitted for the reason of saving lives, *i.e.*, in order to help a sick person who at the very moment is found in the hospital or outside the hospital.
4. Dissection of the dead is permitted in cases of hereditary diseases in order to forewarn the members of the family. In such cases, special consultation with the Rabbinate is deemed advisable. . . .

"II. The hospital administration is under obligation to perform the autopsy with fitting respect for the dead.

"III. Organs or parts of the body removed for study may be held in the Department of Anatomy and Pathology only for a period of time sufficient to make an accurate diagnosis and then delivered to the burial society for burial. The hospital administration is responsible for the expenses incurred by the autopsy and transfer of material to the burial society."

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## OBSTETRICAL CASE REPORT

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### Case History

Mrs. A. W. is a 20-year-old white para 0-0-0-0, Rh positive, STS negative registered obstetrical patient. The last known menstrual period was September 10, 1957, giving an estimated date of confinement June 17, 1958. The patient was first seen in her third month of pregnancy. She was placed on the usual vitamin-mineral supplements and high protein-low salt diet. The only significant finding during the initial examination was a clinically shortened diagonal conjugate which was measured during pelvic examination and estimated to be 11 cm. Her prenatal course was entirely uneventful. At 38 weeks the fetal weight was estimated at 3000 Gm., and the presenting vertex was above the pelvic inlet. X-ray pelvimetry was obtained which demonstrated an obstetrical conjugate of 10 cm. and a transverse of the inlet of 11 cm. The midpelvis and outlet measurements were relatively larger. The pelvis was interpreted as a small gynecoid type. On June 10 the patient was admitted to the delivery floor in active labor. The cervix was found to be 100 per cent effaced and dilated 4 cm. The vertex was 3 cm. above the spines. The membranes were intact and the fetal heart was heard in the left lower quadrant at 130 beats per minute. The patient was sedated and labor progressed well. Eight hours after admission, the membranes ruptured spontaneously at which time the cervix was 8 cm. dilated and the presenting part 1 below the spine. Two hours later the fetal head crowned and the patient was given a saddle block. Patient delivered a full term living male child with ease using low forceps over a central episiotomy. The infant was in excellent condition.

### Comment

The case history emphasizes several important basic obstetric principles. Clinical pelvic mensuration is invaluable in placing the obstetrician on guard when pelvic abnormality is noted during the

examination. In this individual the shortened diagonal conjugate was noted. Clinical mensuration cannot be used as a sole guide to the subsequent clinical management of the patient. It should be followed up by X-ray pelvimetry if any abnormalities are noted. In this patient, the head was not fixed at 38 weeks, and in face of a small diagonal conjugate, pelvimetry was obtained which showed a small pelvic inlet. The patient was not subjected to an elective caesarean section because of a contracted pelvis, but she was given an intelligent trial of labor which proved successful. The management of labor should never be decided in the examining room following initial pelvic examination, but is the result of the correlation of all information with the patient's clinical course. A pelvis which is too small to be given a trial of labor is a rare entity. It is only through the intelligent use of our clinical findings on pelvic examination combined with X-ray pelvimetry and observation of the course of labor that we may select the mode of delivery which will produce the optimum maternal and fetal outcome.

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Presented by Dr. William F. Krone, Jr., of the Department of Obstetrics and Gynecology, Medical School, University of Maryland.

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## BOOK REVIEWS

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**Proceedings of the Third National Cancer Conference** (Held at Detroit, Michigan, June 1956). 961 pp. 404 Fig. Price \$9.00. J. B. Lippincott Co., Philadelphia, 1957.

THIS IS an account of a conference which was held again after a lapse of four years. The report runs close to a thousand pages bound in a single volume instead of two as on the last occasion, thus making it a little less handy.

The material in this volume is divided into an introductory section in which the aims of the conference are defined, *e.g.*, of taking stock of the situation of cancer problem in all its aspects. The second section comprises of the "general lectures" which deal with epidemiology, radiation, viruses, bio-chemistry, and measurement of morbidity as related to cancer. In this section an assessment is also made of the various statistical methods employed in cancer research. Stanley advances virus etiology for most if not all cancer and seems to have settled the issue by affirming cancer is "a biologic and not theologic problem." Furth has masterly summarized the position of radiation *vis à vis* cancer and Greenstein has done some fundamental work on the metabolism of cancer cells. He has brought forth evidence to explain that anemia in cancer is most probably due to alteration in iron metabolism with the transfer of iron from liver and blood to the tumor itself.

The third section deals with symposia

and panels on cancer of various anatomical regions. In most of these symposia the respective possible etiological factors, problems of diagnosis and attempt at evaluation of various modes of therapy—surgical, radiational, hormonal, and chemo-therapeutical (wherever indicated)—have been discussed and knowledge brought up to date. End results and follow-up studies of leukemias, cancer of oesophagus, stomach, lung, female genital tract, etc., have been summarized. Progress reports of hormonal treatment, *e.g.*, adrenalectomy and hypophysectomy on advanced cancer have been reported. Effect of hepatectomy on neoplastic liver disease has been critically analyzed too. There is, however, little new on the pathological side. Position of carcinoma in situ of cervix in relation to frank carcinoma has been clarified to some extent.

On summing up then it has to be admitted that a mine of useful information has been included in a single volume which would be impossible for anyone to collect from even a number of different, widely scattered, sources in literature. This book is equally valuable to the pathologist, surgeon, gynecologist, and statistician who are interested in the cancer problem.

The get-up of the book in the form of reproduction of microphotographs, printing, and arranging the material is excellent. Bibliography is also adequate and up-to-date.

KRISHNA M. WAHAL, M.D.

**Human Histology: A Text-book in Outline Form.** By Leslie Brainerd Arey, Ph.D., Sc.D., LL.D. 337 pp. Price \$6.50. W. B. Saunders Co., Philadelphia, 1957.

THIS BOOK of histology deals with human tissues and represents a new departure from the conventional methods adopted in the standard text-books and it has been very clearly pointed out by the author in the opening paragraph of the preface.

The method followed in this book is to present information in a "outline-format" style. While dealing with the cell, tissue, or an organ the author has arranged the subject matter in a number of heads and sub-heads so as to focus attention of the student on the salient features only. It commences with general consideration and then proceeds to morphological details, functional correlations, blood supply, regenerative ability, and ends with appearances in the sections. Not only this, the important features under each sub-heading have been put in italics to focus most attention on them. The remembering of the various points in any

of the sub-heads has been made easy for rapid recapitulation by arranging them in separate sentences arranged in as many lines. By doing this the author has compressed so vast an information in so few pages, and yet no aspect of tissue morphology has been under-represented in the book.

I strongly feel that this book is an extremely useful companion or laboratory guide to the student of histology. It permits of a rapid review of the subject whenever and wherever needed. In the absence of diagrams there is one suggestion which, if incorporated in subsequent editions, will further enhance the utility of this book; and it is that some blank pages be inserted at the end of each chapter. By doing this a student will get space to jot down a few useful points which will act as addenda to the information already present in the book.

The printing and general get-up of the book is of the highest order as should be expected from such a renowned firm of publishers.

KRISHNA M. WAHAL, M.D.

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## MEDICAL SCHOOL SECTION

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### Dean's Letter



*Dear Members of the Alumni and  
Friends of the School of Medicine:*

The reorganization of the School of Medicine is continuing. Slow progress is being made in the redevelopment program for the Baltimore campus. A committee, chaired by the Executive Vice-President of the University, Dr. Albin O. Kuhn, is carefully reviewing the plans for the construction of the new Out-Patient Building.

Dr. William R. Amberson has announced his retirement at the end of this school year and, with the untimely death of Dr. Emil G. Schmidt, faculty committees are now looking for new heads of the Departments of Physiology and Biochemistry.

The University has decided to authorize the Medical School to establish a Department of Biophysics, and steps are being taken to obtain backing so that the department can be initiated in 1959.

The latter developments listed above should give us the opportunity to strengthen our teaching of the basic sciences and improve our research potential. We have great need for better integration of basic science teaching in the clinical areas, and improved facilities and staffing should make it possible to take better advantage of the basic sciences in our clinical teaching.

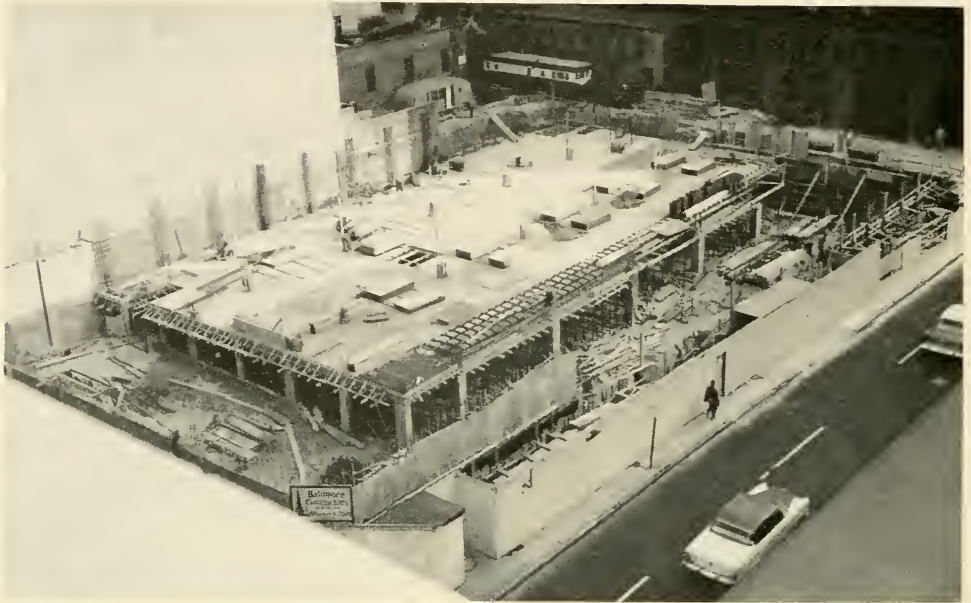
University Hospital, under the able directorship of Mr. Ladislaus F. Grapski, will be authorized to develop a research and educational department in hospital administration. This should lead to a more efficient operation of the hospital and greatly improved patient care.

We appreciate very much the help and interest in medical education being given by the alumni, and we wish you the best of everything for the New Year.

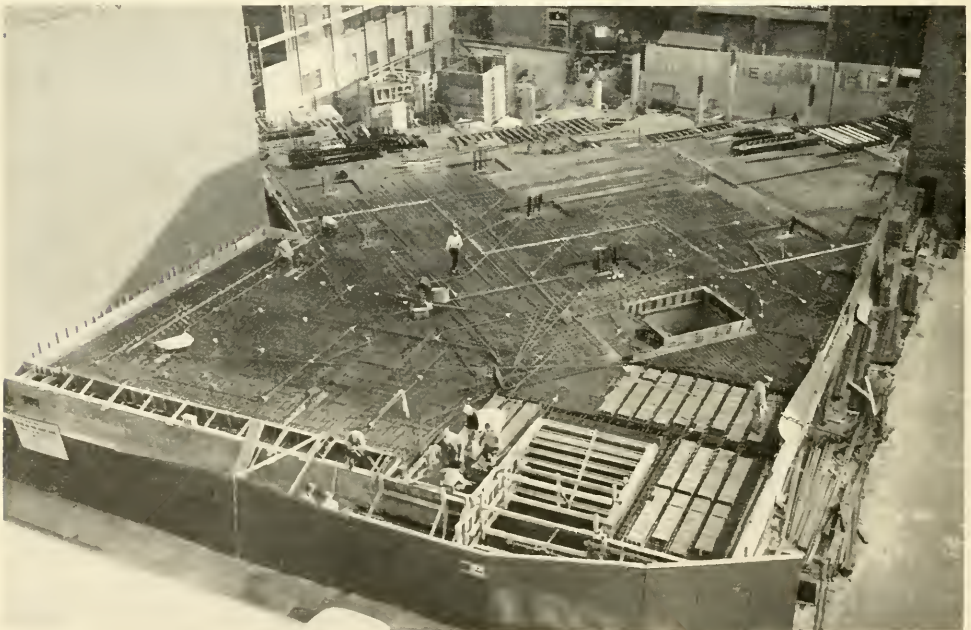
Sincerely,

WILLIAM S. STONE, M.D.  
*Dean*

**PROGRESS NOTE**



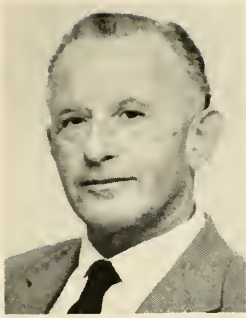
View of new Library Building as construction proceeds. Photographed November 5, 1958, from top of Dental School, Lombard and Greene Streets.



New Student Union Building progresses on site west of old hospital on Lombard Street. Photograph of construction, November 5, 1958.

## MEDICAL SCHOOL SECTION

### ADDITIONS TO THE FACULTY



The Pediatric Department welcomes **Dr. Michael Elyan**, who will be Instructor in Pediatrics and Assistant Director of the Handicapped Child Program.

Dr. Elyan was educated in England and conducted a private practice in London for 11 years. During the war he was in charge of the Medical Services of several large units in the British Government. From 1950 to 1955 Dr. Elyan was a Pediatrician to the Queensland Government in Australia, and until the present was Pediatrician to the Woodward Hospital in Iowa.

He is the author of many publications and one book, *Doctor on the Dole*.



The Surgery Department welcomes **Dr. Emil Blair** as Assistant in Surgery.

Dr. Blair is a graduate from the Medi-

cal College of Georgia. He interned in a hospital in Detroit, served in Pathology in the Postgraduate Hospital in New York, and was resident in Surgery at the Baltimore City Hospitals.

He was Instructor in Medicine at Duke University from 1952-1954 and Assistant in Surgery at University of Colorado School of Medicine from 1954 to 1957.

His military service was spent in Denver, Colorado, in the Fitzsimons Army Hospital, where he was Chief of the Research and Development Unit.

Dr. Blair's publications are primarily in the area of the pulmonary function, circulatory physiology, hypothermia, and cardiovascular surgery.



**Dr. Aubrey D. Richardson** has been appointed Assistant Professor of Physical Medicine and Rehabilitation. He is a graduate of University of North Carolina School of Pharmacy. After his military service, Dr. Richardson studied medicine at the North Carolina School of Medicine and entered the University of Maryland Medical School as a junior in 1949.

He has served as intern and resident

at University Hospital and was Fellow in Cardiology for two years. His activities in the Maryland Heart Association include Chairman of the Home Care Committee, and he is Associate Director of the Work Classification Unit.

Dr. Richardson will be Director of the Physical Medicine Clinics in the hospital.

### **Dr. Walter D. Wise Resigns *BULLETIN* Post**

DR. WALTER D. WISE, for many years active on the "Post" Board of Editors of the *BULLETIN OF THE SCHOOL OF MEDICINE*, and later as an Associate Editor of the *BULLETIN*, has tendered his resignation to the Editorial Board.

Dr. Wise was not only active in the procurement of good material for the Medical School publication, but assisted in the rewriting of manuscript. In recent years he has served as the *BULLETIN*'s representative for the Mercy Hospital affiliating group.

The *BULLETIN* takes full cognizance of the many contributions which Dr. Wise has made in behalf of the School of Medicine not only professionally but in his capacity as a member of the Editorial Board and later as Associate Editor. The *BULLETIN* publicly acknowledges his continuing interest and long tenure.

### **Dr. C. Loring Joslin, Former Pediatric Chief, Dies**

DR. C. LORING JOSLIN, formerly Professor of Pediatrics and Chairman of the Department of Pediatrics at the School of Medicine, died November 12, 1958.

A member of the class of 1912, Dr. Joslin was born in Sudlersville, on the Eastern Shore of Maryland. Following his graduation from the School of Medi-

cine, he was associated with the Johns Hopkins Hospital, the New York Postgraduate Medical School, and also served an internship at the James Walker Memorial Hospital in Wilmington, Delaware. He then joined the staff at the University where he was very active, centering his attention principally along the lines of nutritional diseases in children. He was among the first to employ the Vitamin B complex and was also active in investigative work concerning the use of banana products and pectins in the treatment of diarrheal syndromes in children. Dr. Joslin was also active in the use of low fat, high protein fermentive milk products in the treatment of celiac disease. He became Professor of Pediatrics in 1930 and retired from his post in 1950.

### **Dr. Frank J. Geraghty Dies**

DR. FRANK J. GERAGHTY, Assistant Professor of Medicine in the School of Medicine, died of carcinoma of the stomach, November 1, 1958.

For many years Dr. Geraghty was active in the practice of Internal Medicine with offices at 4205 St. Paul Street, Baltimore, Md.

A man known for his high principles and rigorous ethical views, Dr. Geraghty was a most respected member of the Baltimore community.

A native of Baltimore, and the son of James T. and Catherine Russell Geraghty, he was graduated from Loyola High School and later Loyola College in 1921. Among his medical accomplishments was a Fellowship of the American College of Physicians. At the time he was President of the staff and Chief of Medicine at the Bon Secours Hospital. Dr. Geraghty was also active on the staffs of

## MEDICAL SCHOOL SECTION

the Union Memorial and St. Joseph's Hospitals, at one time serving as Chief of Medicine at the latter institution. Dr. Geraghty was a Diplomate of the American Board of Internal Medicine, a member of the advisory committee for medical care of the Baltimore City Health Department, and was a Past President of the Baltimore City Medical Society. He was the author of many articles on medical subjects and was active on medical committees throughout the state, including the Maryland State Planning Commission.

### DEPARTMENT OF DERMATOLOGY

MEMBERS of the department of Dermatology including **Drs. Harry M. Robinson, Jr., Raymond C. V. Robinson,** and others have completed the manuscript of a new textbook entitled *Clinical Dermatology*. This volume will shortly be published by the Williams & Wilkins Company of Baltimore, Md. Proceeds from the sale of this text will be used by the department in the training of young physicians in the specialty of Dermatology.

#### Staff Active at Recent Meetings

MEMBERS of the staff of the department have been very active in recent meetings including that of the Southern Medical Association and the American Academy of Dermatology and Syphilology.

**Dr. Francis A. Ellis** was moderator at one of the sessions on Histopathology held at one of the conferences and **Dr. Raymond C. V. Robinson** read a paper on "Old Drugs Still Used in Dermatology" at the American Academy meeting.

**Dr. Harry M. Robinson, Jr.,** was recently elected to the Board of Directors

of the American Academy of Dermatology. Dr. Robinson spoke on the subject "The Ocular Mucous Membrane Syndrome" at the recent meeting of the Academy. **Drs. Joan Raskin, Harry M. Robinson, Jr., and Raymond C. V. Robinson** presented a paper "Triamcinolone" at the recent meeting of the Southern Medical Association held in New Orleans.

### Department Announces Joint Training Program

THE department of Dermatology has announced the establishment of a joint program in Dermal Pathology, in collaboration with the department of Pathology of the School of Medicine. In a joint statement issued by **Drs. Harry M. Robinson, Jr. and Harlan I. Firminger,** it was announced that **Dr. Morris M. Cohen** will teach Dermal Pathology to the Residents in Dermatology and Pathology, the program including an hour session once weekly.

### DEPARTMENT OF PEDIATRICS

#### New Central Evaluation Clinic for Children

A NEW central evaluation clinic for children with multiple handicaps is now in operation at the University Hospital. This multi-disciplined approach will be utilized for the purpose of evaluating the handicapped child and for preliminary studies of what type of rehabilitative therapy is necessary.

Under the supervision of the Department of Pediatrics there will be, in addition to the pediatric staff, professional personnel such as a Clinical Psychologist, Speech Therapist, Audiologist, Neurologist, Orthopedist, Ophthalmolo-

gist, Physiatrist, and Psychiatrist. The Department of Social Work will cooperate with the clinic.

Consultants in psychiatry, cardiology, and dentistry will also work in close liaison within the framework of this comprehensive clinic setting. A coopera-

tive program is evolving with the Kernan's Hospital for Crippled Children where orthopedic intervention is required.

The installation is supported by a State Department of Health grant under the Crippled Children's Program.

## DEPARTMENT OF PSYCHIATRY

THE faculty of the Psychiatric Institute has participated in the following extradepartmental activities during the summer and fall.

**Dr. Jacob E. Finesinger** was a teaching consultant for the United States Army in Europe during September.

**Dr. Enoch Callaway, III** was a guest speaker at the Lewis Hill Conferences at the Shepherd and Enoch Pratt Hospital in August, at the Johns Hopkins Hospital Psychosomatic Conference in September, and delivered academic lectures at the University of North Carolina and the University of Michigan in September and October.

**Dr. Gerald D. Klee** read a paper written with **Dr. Walter Weintraub** on "Paranoid Reactions Following Lysergic Acid Diethylamide" at the Collegium Internationale Neuropsychopharmacologicum in Rome, Italy, in September. He also spoke on Interview Techniques to Army G2 personnel at Fort Holabird in October. Dr. Klee was recently elected Secretary-Treasurer of the Maryland Psychiatric Society.

**Dr. Robert G. Grenell** presented papers at the International Neurochemical Congress in Strasbourg, and the International Biochemical Congress in Vienna. He also presented a paper at a meeting on the Problems of Alcohol in Washington, D. C.

**Dr. Harvey A. Robinson** participated in a symposium at Rutgers University on "Research Trends in Educational Psychology" in October.

**Dr. Eugene B. Brody** delivered the first annual Beta Sigma Phi Lecture at the Spring Grove State Hospital, entitled "The Public Mental Hospital as a Symptom of Social Conflict," in November. He also participated in a panel sponsored by the United States Air Force on Psychiatric Implications of Space Medicine at the divisional meeting of the American Psychiatric Association in Miami.

**Dr. Edmund S. Howe** read a paper at the American Psychological Association meetings in Washington, D. C., in September, entitled "Commitment Response Strength as a Function of Delay before a Volunteered Event." **Dr. Benjamin Pope** and Dr. Howe read a paper, "Some Preliminary Studies of Verbal Activity in Initial Interviews," at a meeting of the Maryland Association of Private Practicing Psychiatrists in October.

**Dr. Charles Bagley, III**, participated in a panel on "The Role of the Categorical Agencies" at the Maryland Association of Public Health on October 3.

**Dr. Otto A. Will** presented a paper to the conference on chronic schizo-

## MEDICAL SCHOOL SECTION

phrenia in Osawatomie, Kansas, in September. Dr. Will delivered the Second Annual Frieda Fromm-Reichmann Memorial Lecture at the National Institute of Health in November, 1958.

**Mrs. Imogene S. Young**, Chief of Psychiatric Social Work in the Institute, was elected Chairman of the Psychiatric Social Work Section of the Maryland Chapter of the National Association of Social Workers. She was also elected representative to the Delegate Assembly by the National Psychiatric Social Work Section of the same Association. Mrs. Young was a member of the panel at an Institute on New Concepts of Rehabilitation at the Maryland State Conference of Social Welfare on November 19.

On October 30 and 31, a conference on "The Impact of Illness on the Family" was held in the Psychiatric Institute. This conference, which was the second in a series on "Mental Illness and the Family," was organized by a group under the chairmanship of Mrs. Young. Other members of the Institute faculty who participated in the conference were **Drs. Finesinger, Klee, and Raher**, and **Mrs. Fainberg** and **Miss Strain** of the Social Work staff as well as **Mr. Robert Brown**, Psychologist, **Mr. Roman Nagorka**, Chairman of Occupational and Recreational Therapy, and **Miss Patricia Shanahan** of the Psychiatric Nursing staff. **Dr. Jerome K. Merlis** was also a participant. The conference was attended by 98 social workers representing 23 government and private agencies. This group was addressed on the evening of October 30 by **Colonel Albert Glass**, Chief Psychiatry and Neurology Consultant for the Office of the Surgeon General, and a graduate of the University of Maryland Medical School, who spoke on preventive psychiatry.

## 1957 A.M.E.F. Contributions

A LARGE number of alumni of the School of Medicine have indicated the University of Maryland as a preference for the distribution of their donation to the American Medical Education Foundation. The Dean and Faculty of the School of Medicine wish to take this occasion to publicly acknowledge the donations of these interested physicians and to express appreciation for their consideration.

The following physicians contributed to the improvement of medical education at the School of Medicine through the American Medical Education Foundation.

**William H. Leitch**, Denver, Colo.  
**Maurice Levinsky**, Bridgeport, Conn.  
**Daniel Barker**, Fairfield, Conn.  
**Carl Carlson**, New Britain, Conn.  
**Edward Dorian**, New Britain, Conn.  
**Meyer Etkind**, New Haven, Conn.  
**J. Arthur Wilkinson**, New Haven, Conn.  
**William H. Pomeroy**, Poquonock, Conn.  
**Joseph J. Bowen, Jr.**, Waterbury, Conn.  
**Bruce Barnes**, Seaford, Del.  
**F. Stanley Hassler**, Wilmington, Del.  
**Calvin Hearne**, Wilmington, Del.  
**Elton Resnick**, Wilmington, Del.  
**Hamilton P. Dorman**, Washington, D. C.  
**Parker S. Dorman**, Washington, D. C.  
**James Sewell**, Melbourne, Fla.  
**Harry Thompson**, Mt. Vernon, Ill.  
**John P. Doenges**, Olney, Ill.  
**Lawrence J. Knox**, Olney, Ill.  
**John Bacon**, Rockford, Ill.  
**John T. Scully**, Hammond, Ind.  
**William W. Orrison**, Plains, Kans.  
**E. Irving Baumgartner**, Oakland, Md.  
**M. C. Porterfield**, Hampstead, Md.  
**Elizabeth Sherrill**, Cockeysville, Md.  
**Norman E. Sartorius**, Pocomoke City, Md.  
**Philip A. Insley**, Salisbury, Md.  
**William B. Smith**, Salisbury, Md.  
**William T. Layman**, Hagerstown, Md.  
**Frank F. Lusby**, Hagerstown, Md.  
**James A. Roberts**, Silver Spring, Md.  
**Robert W. Farr**, Chestertown, Md.  
**William Seymour**, Trappe, Md.

*BULLETIN OF THE SCHOOL OF MEDICINE, UNIV. OF MARYLAND*

- James E. Stoner, Jr., Walkersville, Md.  
Ruth W. Baldwin, Baltimore, Md.  
Margaret B. Ballard, Baltimore, Md.  
Harry M. Beck, Baltimore, Md.  
Eugene S. Bereston, Baltimore, Md.  
Melvin N. Borden, Baltimore, Md.  
Frances J. Borges, Baltimore, Md.  
Harry C. Bowie, Baltimore, Md.  
Howard M. Bubert, Baltimore, Md.  
M. Paul Byerly, Baltimore, Md.  
E. Ellsworth Cook, Baltimore, Md.  
Ernest I. Cornbrooks, Jr., Baltimore, Md.  
Edward F. Cotter, Baltimore, Md.  
John M. Dennis, Baltimore, Md.  
John C. Dumler, Baltimore, Md.  
Charles Reid Edwards, Baltimore, Md.  
Edgar B. Friedenwald, Baltimore, Md.  
Frank J. Geraghty, Baltimore, Md.  
Samuel S. Glick, Baltimore, Md.  
Albert E. Goldstein, Baltimore, Md.  
Martin Gorten, Baltimore, Md.  
F. Robert Haase, Baltimore, Md.  
Arthur L. Haskins, Baltimore, Md.  
Martin Helrich, Baltimore, Md.  
Virginia Huffer, Baltimore, Md.  
Harry C. Hull, Baltimore, Md.  
Meyer W. Jacobson, Baltimore, Md.  
Theodore Kardash, Baltimore, Md.  
Louis F. Klimes, Baltimore, Md.  
Leon Kochman, Baltimore, Md.  
John C. Krantz, Jr., Baltimore, Md.  
Norman Levin, Baltimore, Md.  
E. T. Lisansky, Baltimore, Md.  
W. Raymond McKenzie, Baltimore, Md.  
John W. Machen, Baltimore, Md.  
Karl F. Mech, Baltimore, Md.  
Donald W. Mintzer, Baltimore, Md.  
Zack R. Morgan, Baltimore, Md.  
J. Huff-Morrison, Baltimore, Md.  
Theodore H. Morrison, Baltimore, Md.  
Ralph Mostwill, Baltimore, Md.  
Robert T. Parker, Baltimore, Md.  
Daniel J. Pessagno, Baltimore, Md.  
Ross Z. Pierpont, Baltimore, Md.  
Charles R. Reifschneider, Baltimore, Md.  
Samuel T. R. Revell, Baltimore, Md.  
Harry M. Robinson, Jr., Baltimore, Md.  
James H. Shell, Jr., Baltimore, Md.  
E. Roderick Shipley, Baltimore, Md.  
Walter Spelsburg, Baltimore, Md.  
Edwin H. Stewart, Jr., Baltimore, Md.  
Albert Steiner, Baltimore, Md.  
William S. Stone, Baltimore, Md.  
John F. Strahan, Baltimore, Md.  
Kyle Y. Swisher, Baltimore, Md.  
Henry F. Ullrich, Baltimore, Md.  
Charles Van Buskirk, Baltimore, Md.  
W. Kennedy Waller, Baltimore, Md.  
Gibson J. Wells, Baltimore, Md.  
H. Lawrence Wheeler, Baltimore, Md.  
Harry T. Wilson, Jr., Baltimore, Md.  
George H. Yeager, Baltimore, Md.  
John D. Young, Baltimore, Md.  
Howard T. Knobloch, Bay City, Mich.  
George Baker, Rochester, Minn.  
Frederick W. Mayer, St. Paul, Minn.  
Ernest G. Hand, Gardnerville, Nev.  
William T. Raby, Charlotte, N. C.  
James S. Phelps, Troy, N. C.  
William Yudkoff, Bayonne, N. J.  
Samuel Einhorn, Short Hills, N. J.  
H. E. Diamond, Bronx, N. Y.  
Joseph B. Katz, Clinton, N. Y.  
Benj. M. Stein, Hempstead, N. Y.  
J. Savin Garber, Jamaica, N. Y.  
N. J. Gould, New York City, N. Y.  
Samuel Lieberman, New York City, N. Y.  
Jack Kapland, New York City, N. Y.  
Samuel Marton, New York City, N. Y.  
Max Trubek, New York City, N. Y.  
Francis K. Machata, Rochester, N. Y.  
John M. Recht, Yonkers, N. Y.  
Paul A. Reeder, Barnesville, Ohio  
Paul H. Correll, Rocky River, Ohio  
Arthur K. Bell, Toledo, Ohio  
Bernard Botsch, Toledo, Ohio  
Gilbert Nicklas, Avis, Pa.  
Alexander J. Maysels, Bethlehem, Pa.  
David E. Imbrie, Butler, Pa.  
Sidney Safran, Canonsburg, Pa.  
George Schmieler, Canonsburg, Pa.  
James Wilson, Canonsburg, Pa.  
Anthony J. Sparta, Easton, Pa.  
Michael Skovron, Erie, Pa.  
Frank J. Theuerkauf, Jr., Erie, Pa.  
Joseph P. Fisher, Glassport, Pa.  
Edwin O. Daue, Jr., Harrisburg, Pa.  
Alexander Slavcoff, Harrisburg, Pa.  
David N. Ingram, Houston, Pa.  
William H. Frank, Johnstown, Pa.  
August C. Pavlatos, Lancaster, Pa.  
Melvin C. Coon, Milan, Pa.  
Carl H. Kennedy, Jr., Philadelphia, Pa.  
B. H. Miller, Philadelphia, Pa.  
Henry Rothkopf, Philadelphia, Pa.  
Maurice H. Schneiman, Philadelphia, Pa.  
Samuel Steinberg, Philadelphia, Pa.  
Fred J. Burkey, Pittsburgh, Pa.  
John C. Dunbar, Pittsburgh, Pa.  
Joseph Finegold, Pittsburgh, Pa.

## MEDICAL SCHOOL SECTION

Fred P. Pokrass, Reading, Pa.  
Michael Krosnoff, Scenery Hill, Pa.  
William L. Guyton, Waynesboro, Pa.  
Robert H. Dreher, Wind Gap, Pa.  
Russell A. Stevens, Wilkes Barre, Pa.  
Walter O. Rehmyer, Monahans, Tex.  
James H. Miniszek, Brattleboro, Vt.  
Joseph L. De Cormis, Accomac, Va.  
William C. Humphries, Front Royal, Va.  
Louis Friedman, Norfolk, Va.  
Charles A. Heffner, Roanoke, Va.  
David B. Gray, Charleston, W. Va.  
Karl J. Myers, Philippi, W. Va.  
Roger Sell, Torrington, Wyo.

Dr. John A. Wagner  
Dr. H. Boyd Wylie

Further generous checks for the Ruth Lee Briscoe Library Fund were received from two of our alumni who have been mentioned frequently before in this connection. These two alumni seem to have formed the habit of making periodic contributions to the Briscoe Fund—a habit worthy of emulation.

The Department of Anesthesiology of the School of Medicine paid for five new books for the library, to make additional material available in the subject field. Since the library budget has to be stretched to meet many needs, such a gift is a real contribution. If other departments, especially those with research grants, made similar gifts each year (each for books in its own field of interest) the library's collection would be greatly enriched.

It has been discovered that the 1946 yearbook of the School of Medicine, *Reflexions*, has been mutilated by an unknown vandal. Important pages and pictures are missing. A replacement copy for the library's collection would be greatly welcomed, so that the class of 1946 may not have a shameful omission from the file of yearbooks.

### Correction

IN a previous publication of the BULLETIN, the name of **Dr. Joseph S. Blum**, a member of the Department of Pharmacology, has been incorrectly given, as Dr. Louis V. Blum, M.D. The BULLETIN regrets the error.

## MEDICAL LIBRARY NOTES

Between February and November, 1958, the following donors presented to the library books, journals, and other library material such as pictures and letters:

Mrs. William R. Amberson  
Dr. Marie Andersch  
Mrs. Gilbert Baylin  
Bendix Aviation Corporation  
Dr. Klaus W. Berblinger  
Dr. Eugene Blank  
Dr. Louis V. Blum  
Dr. J. Edmund Bradley  
Dr. Enoch Callaway, III  
Mr. Carl D. Clarke  
Mr. S. A. Gilmer  
Dr. Samuel S. Glick  
Dr. Neil M. Goldberg  
Dr. Frank W. Hachtel  
Dr. Martin Helrich  
Hynson, Westcott & Dunning  
Mrs. John G. Jeffers  
Dr. Theodore Kardash  
Dr. Walter Karfgin  
Dr. Arthur M. Kraut  
Mrs. M. C. Mackin  
Dr. George A. Maxwell  
Dr. Jerome K. Merlis  
Mr. A. G. W. Moore  
Mr. John Morrison  
Dr. Richard D. Mudd  
Dr. Maurice C. Pincoffs  
Mr. Florian G. Schmidt  
Mr. Arthur Silverstein  
Dr. William S. Stone  
Dr. William H. Triplett  
Dr. Eduard Uhlenhuth

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## POSTGRADUATE COMMITTEE SECTION

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### Postgraduate Committee, School of Medicine

HOWARD M. BUBERT, M.D., *Chairman and Director*

ELIZABETH B. CARROLL, *Executive Secretary*

Postgraduate Office: Room 201

Old Medical Building, Lombard and Greene Streets  
Baltimore 1, Maryland

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### Industrial Medicine

THE two-day course in Industrial Medicine held on October 16 and 23 was a gratifying experience. The attendance far exceeded our expectations and from all indications the course was a real success. Therefore, plans will be made to have a course in industrial health become an annual activity of the Postgraduate Committee for just as long as the demand warrants it.

### Seminar Cruise

Many inquiries have been received in the Postgraduate Committee office as to when and if there will be another seminar cruise. Those of you who went on the last one to the Caribbean don't have to be reminded of the pleasantries of combining a Medical Seminar with a real vacation. Those who missed it won't want to repeat the mistake. If we act quickly the ship is available for a cruise in April, 1959. We will be guided by interest shown by members of the medical profession, their relatives, and friends. Let us hear from you at once.

### Basic Sciences and Clinical Anatomy

The Postgraduate courses in Basic Sciences as they Apply to the Practice of Medicine and in Clinical Anatomy will

be given beginning in January and all inquiries should be addressed to the Committee office.

### Medical Conference

Much interest is being displayed in the Postgraduate Medical Conference to be given January 20, 21, and 22. Applicants may enroll for one day, two days, or the full three days. For further information contact the Postgraduate Committee office.

### TV-MD

TV-MD begins its eighth year of continuous medical telecasting over WBAL-TV on November 16. This year we alternate with "Omnibus" which means we will have a show every other Sunday afternoon 5:30-6:00 P.M. until the end of April. The producer of TV-MD this year is Mr. Bob Jones and the director, Mr. Nelson Gebb of the staff of WBAL. We look forward to an award-winning series. We hope you will be in our viewing audience.

### Otolaryngology

As this material goes to press the Committee is cooperating with Dr. Blanchard in the preparation of a course in Ear, Nose and Throat to be given this winter. By the time you read this, complete information will, no doubt, be available in the Committee office.




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## ALUMNI ASSOCIATION SECTION

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### OFFICERS\*

HARRY M. ROBINSON, JR., M.D., **President**  
 ERNEST I. CORNBROOKS, M.D., **President-elect**

### Vice-Presidents

WILLIAM D. MCCLUNG, M.D.	NORMAN J. WILSON, M.D.	JAMES A. VAUGHN, M.D.
J. EMMETT QUEEN, M.D., <b>Secretary</b>	ARTHUR G. SIWINSKI, M.D., <b>Treasurer</b>	
E. RODERICK SHIPLEY, M.D., <b>Assistant Secretary</b>	MINETTE E. SCOTT, <b>Executive Secretary</b>	
WILLIAM H. TRIPLETT, M.D., <b>Executive Director</b>		

### Board of Directors

WILLIAM B. LONG, JR., M.D.  
 ARTHUR G. SIWINSKI, M.D.  
 J. EMMETT QUEEN, M.D.  
 E. RODERICK SHIPLEY, M.D.  
 WILLIAM H. TRIPLETT, M.D.  
 GIBSON J. WELLS, M.D.  
 FRANK K. MORRIS, M.D.  
 J. MORRIS REESE, M.D.  
 HARRY M. ROBINSON, JR., M.D.  
 HOWARD B. MAYS, M.D.

### Nominating Committee

J. SHELDON EASTLAND, M.D.,  
 Ex-officio, Chairman  
 WILLIAM B. LONG, JR., M.D.,  
 Ex-officio  
 DANIEL R. ROBINSON, M.D.  
 WALTER KARFGIN, M.D.  
 ISADORE KAPLAN, M.D.

### Representatives to General

#### Alumni Board

WILLIAM H. TRIPLETT, M.D.  
 THURSTON R. ADAMS, M.D.  
 DANIEL J. PESSAGNO, M.D.

### Library Committee

MILTON S. SACKS, M.D.

### Representatives, Editorial Board, Bulletin

HARRY C. HULL, M.D.  
 ALBERT E. GOLDSTEIN, M.D.  
 HARRY M. ROBINSON, JR., M.D.,  
 ((ex-officio))

### Representatives, Advisory Board, Faculty

WILLIAM H. TRIPLETT, M.D.  
 ALBERT E. GOLDSTEIN, M.D.  
 EDWIN H. STEWART, JR., M.D.

\* July 1, 1958 to June 30, 1959

## President's Letter

*Dear Fellow Alumni:*



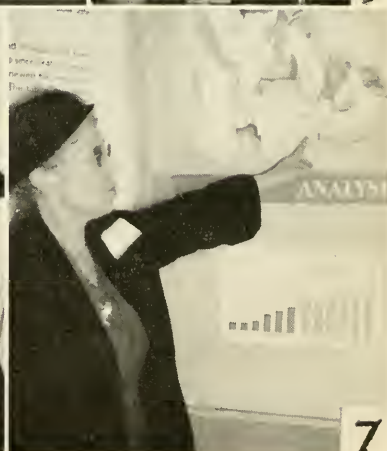
In the last issue of the BULLETIN you will notice that a large portion was devoted to news of our alumni and of various school activities. Dr. Wagner, our editor, has been very cooperative in helping us arrange this. In order to continue to have this amount of information published, it will be necessary to enlist your cooperation in having these items mailed to us. Any information relative to appointments, honors, teaching positions, births, deaths, etc., should be forwarded to Dr. Wagner as soon as the information is available. Following the receipt of this material it will be classified according to the class years and published in the next BULLETIN, provided it arrives before the publication deadline.

We will publish in this issue a list of class captains primarily responsible for class reunions, etc. Another feature which we expect to publish in subsequent issues of the BULLETIN will be a summary of the meetings of the Board of Directors and a Treasurer's report. If you have any questions or suggestions regarding the management and direction of the Medical Alumni Association, we would sincerely appreciate receiving them.

Sincerely,

HARRY M. ROBINSON, JR.  
*President*

# HIGHLIGHTS OF ALUMNI PARTY AT 1958 SOUTHERN MEDICAL ASSOC. MEETING



1. Left to right: Dr. F. S. Holden, Baltimore; Dr. & Mrs. R. W. Richardson, Macon, Ga.; Dr. & Mrs. G. W. LeVan, Boonsboro, Md.; Dr. J. M. Reese, Baltimore; Dr. Waldo K. McGill, Clover, S. C.; Mrs. F. S. Holden, Baltimore; Mrs. E. P. Knotts & Dr. Knotts, Denton, Md. 2. Buffet. 3. Dr. Harry M. Robinson, Sr. 4. Dr. Harry M. Robinson, Jr., congratulates Dr. Caesar Orofino of New Orleans. 5. Dr. Charles Williams, Pikesville, Md. 6. Dr. Irl Wentz, Salisbury, Md.; Dr. Jesse Arnold, Kinston, N. C.; Mrs. H. William Gray, Dr. Gray, Washington, D. C.; and Mrs. Irl Wentz. 7. Dr. Eva Dodge presents exhibit on Anesthesia in Pregnancy.

## ALUMNI ASSOCIATION SECTION

### Special Notice

DUE to many complicated circumstances for which your Alumni Association makes no apologies (and which will not recur) you may have been among the many who have been billed for dues after you have made your payment for them. Indeed, some of our alumni have been billed even after credit for the receipt of dues had been entered and the receipt forwarded.

Please try to understand our embarrassment and give us a chance to prove that our office is now functioning in a businesslike and efficient manner.

HARRY M. ROBINSON, JR., M.D.  
*President*

### Mrs. Scott Resigns Alumni Post

MRS. MINETTE E. SCOTT for many years Executive Secretary of the Medical Alumni Association resigned as of October 1, 1958. Her place is being temporarily taken by Mrs. Bernice Broccoli, whose husband is currently a student in the School of Medicine.

### Dr. Goldstein Heads 1959 Greater University of Maryland Fund

DR. ALBERT E. GOLDSTEIN, permanent alumnus of the School of Medicine, has been named Chairman of the Greater University of Maryland Fund for the second consecutive year, as recently announced by Dr. Wilson H. Elkins, President. Dr. Goldstein will be assisted during the coming year by DR. JOHN C. KRANTZ, JR., along with other permanent alumni.

Started several years ago and guided to success through the enthusiasm and devotion of Dr. Goldstein, the fund re-

ceived \$117,810 from more than 2,900 alumni contributors, during the year 1958. During the nationwide canvass almost 1,000 alumni served as district and regional representatives. Projects for 1959 include the completion of the Baltimore student union-dormitory, where Greater University of Maryland Funds will be used to furnish the building, a flexible program of student aid, funds to purchase special book collections for the College Park and Baltimore libraries, and a fund for faculty projects.

Alumni are urged to contribute to the Greater University of Maryland Fund. Checks are to be made out to University of Maryland and may be sent in care of the Medical Alumni Association and appropriately marked for distribution to the Fund.

### Alumni in Utah

THE 63rd Annual Meeting of the Utah State Medical Association was held in Salt Lake City, September 11-12, 1958. It was my privilege to attend this splendidly organized state medical convention, at which there were nearly 900 physicians in attendance. The scientific program was excellent and the entertainment features were unexcelled.

I was impressed by the large number and the superb calibre of Maryland graduates who were present and actively engaged in the meeting. For example, **J. Poulson Hunter**, Class of 1946, is the Secretary of the Association and is in general practice in Salt Lake City. He is highly esteemed by his medical colleagues. He and his charming wife Marge have eight children and enjoy a happy family life in this progressive community.

**Howard H. Haynes, Jr.**, Class of 1945, is practicing general surgery in

Salt Lake City. He is one of the leading young surgeons and enjoys an extensive practice. He is an Elder in the Mormon Church.

**Jerome Cohen**, Class of 1946, is Chief of the respiratory disease section of the Veterans Administration Hospital in Salt Lake City. He is doing a splendid job in research and Maryland can well be proud of his achievements.

**J. Howard Latimer**, Class of 1946, whose brother is a junior in the University of Maryland School of Medicine, is in internal medicine in the Veterans Hospital. He is a broadly-read individual and true sports enthusiast. He takes a nostalgic interest in the Baltimore Orioles.

Among the other Maryland Alumni whom I was privileged to meet and break bread with were: **Raymond Malouf**, Class of 1941, general practice, Logan, Utah; **Frank Cutler**, Class of 1935, general practice, Salt Lake City; **Sherman Brinton**, Class of 1943, ophthalmology, Salt Lake City; **Dale Berntson**, Class of 1954, general practice, Salt Lake City; **Neal C. Capel**, Class of 1955, residency in general surgery, Latter Day Saints Hospital, Salt Lake City; and **Richard H. Keller**, Class of 1958, internship Veterans Hospital, Salt Lake City.

My impression of these men was extraordinarily favorable. They appeared capable, conscientious, and with deep religious convictions. To me, as a group, they exemplified the timeless statement of Osler, "Only a good man can be a great physician."

Maryland's bond with Utah is strong. The new Medical School selected Dr. John Z. Bowers, a University of Mary-

land graduate, as their Dean, who served effectively for a number of years. And when Maryland selected a new Dean a few years ago we looked to Utah and selected one of its native sons, Dr. William S. Stone, who has given our school such inspiring leadership. May this bond of unity increase through the ever-approaching future.

JOHN C. KRANTZ, JR.

### Have You Mailed Your 1959 AMEF Contribution

RISEING costs and the increasing complexity of medicine have resulted in great increases in the amount of expenditure necessary to educate the American Physician.

Alumni in practice clearly recognize the continuing need of American Medical Schools for additional complementary support in order to maintain the high degrees of medical education for which the American Medical College is noted.

Alumni of the School of Medicine of the University of Maryland have been generous in their response to the needs of their Alma Mater. In 1959 the University of Maryland needs the interest and the financial support of its alumni.

All alumni of the School of Medicine are respectfully solicited and are urged to contribute to the American Education Foundation for 1959. Checks should be made payable to the American Education Foundation and sent to its offices at 535 N. Dearborn St., Chicago 10, Ill.

It is important to earmark contributions "For return to University of Maryland, School of Medicine, Baltimore." This will insure the School of Medicine receiving your entire contribution.

## ALUMNI ASSOCIATION SECTION

### MEDICAL ALUMNI ASSOCIATION TO PUBLISH QUARTERLY FINANCIAL STATEMENT

PURSUANT to a revised policy of the Board of Directors of the Medical Alumni Association, a quarterly statement concerning the finances of the Medical Alumni Association will appear in the BULLETIN. Below is recorded the current financial statement for the quarter ending September 30, 1958.

#### FINANCIAL REPORT—MEDICAL ALUMNI ASSOCIATION

Balance in Bank July 1, 1958.....		\$4,849.14
Received Dues .....	\$1,350.00	
Other Income .....	18.00	1,368.00
		<hr/>
		\$6,219.14
Expenses—Salary .....	\$1,488.99	
Office .....	965.51	
Taxes .....	496.80	2,951.30
		<hr/>
(Social Sec. & Withholding) .....		Balance \$3,265.84
<i>Bulletin Fund</i>		
Subscriptions Received .....	\$1,341.00	
Paid to Bulletin .....	562.50	
Owe to Bulletin School of Medicine.....		778.50
		<hr/>
		cash in bank \$4,044.34
Student Loan Fund.....	\$ 970.55	
Received Alumni Day.....	100.00	\$1,070.55*
		<hr/>

\* These funds deposited in a special savings account.

A. G. SIWINSKI, M.D.  
Treasurer

### ADVANCE NOTICE OF 1959 ALUMNI DAY

PLANS are being rapidly developed for the 152nd celebration of the founding of the School of Medicine, Medical Alumni Day which will be held on June 4, 1959, with ceremonies beginning in Chemical Hall. See back cover for the preliminary program.

Watch the BULLETIN for details of the program as they develop, including the recipient of the 1959 honor award and gold key.

This year members of the graduating classes of 1909 will be honored by the Association, and will receive their 50-year diplomas.

BULLETIN OF THE SCHOOL OF MEDICINE, UNIV. OF MARYLAND  
HIGHLIGHTS OF ALUMNI PARTY AT 1958 SOUTHERN MEDICAL ASSOC. MEETING



1. Dr. Joe Moore of Baltimore and Dr. Charlie Goodhand of Parkersburg, West Va. 2. The Elgins senior from Miami attend. 3. Dinner is served. 4. Dr. & Mrs. Ben Inloes, Newport News, Va., and Dr. & Mrs. J. J. Range, Johnson City, Tenn. 5. Miss Rita Turner of Ochsner Clinic registered guests for Alumni Party.

## ALUMNI ASSOCIATION SECTION

### Reunion at Southern Medical Meeting a Success

#### Dr. Caesar Orofino Heads Most Successful Alumni Gathering

More than 75 alumni, wives, and friends of the School of Medicine gathered at the Hotel Roosevelt, November 4, 1958, to participate in the University of Maryland, School of Medicine annual Southern Medical Association reunion.

Under the capable leadership of Dr. Caesar Orofino, a fine buffet was provided, preceded by a cocktail hour. Brief addresses were given by Dr. Harry M. Robinson, Jr., President, Medical Alumni Association, and Dr. John A. Wagner, Editor of the *BULLETIN OF THE SCHOOL OF MEDICINE*.

The following alumni attended the reunion. Photographs of the reunion dinner are found elsewhere in the *BULLETIN*.

Dr. Jesse H. Arnold  
Dr. Stewart Brown  
Dr. Lee W. Elgin  
Dr. Robert Ensor  
Dr. Leon H. Feldman  
Dr. James Garey  
Dr. Cleas L. Goodland  
Dr. Ernest G. Guy  
Dr. F. A. Holden  
Dr. Ben H. Inloes  
Dr. Robert Knapp  
Dr. E. P. Knotts  
Dr. Phillip F. Lerner  
Dr. Gerald Le Van  
Dr. Joseph E. Muse, Jr.  
Dr. John Roberts Phillips  
Dr. Conrad Richter  
Dr. J. J. Range  
Dr. Morris Reese  
Dr. R. W. Richardson  
Dr. H. M. Robinson  
Dr. H. M. Robinson, Jr.  
Dr. Raymond Robinson  
Dr. King Seegar  
Dr. John Shell  
Dr. John Wagner  
Dr. Irl J. Wentz  
Dr. Wm. Yeager  
Dr. Caesar Orofino

Dr. H. Wm. Gray  
Dr. E. R. Jennings  
Dr. W. K. McGill  
Dr. S. Schwartzbach

### Alumni President Appoints Reunion Captains

**Dr. Harry M. Robinson, Jr.**, President of the Medical Alumni Association, has announced the appointment of class captains who will be asked to assume responsibility for their individual class reunions.

This year the following decade and 5-year classes will celebrate a reunion. The classes are listed below with the name of the class captain:

1909—DR. HARRY M. ROBINSON, SR.  
1914—DR. AUSTIN WOOD  
1919—DR. WETHERBEE FORT  
1924—DR. CLEWELL HOWELL  
1929—DR. WALTER ANDERSON  
1934—DR. W. L. FEARING  
1939—DR. RAYMOND CUNNINGHAM  
1944—DR. W. CARL EBELING  
1949—DR. EDMOND B. MIDDLETON  
1954—DR. ROBERT E. YIM

Members of the respective classes noted above are urged to contact their class captain as soon as possible concerning developments relating to their individual reunion.

CLASS NOTES

Class of B.M.C. 1901

**Eugene Henderson Hayward** died of congestive heart disease and aneurysm of the abdominal aorta, August 5, 1958.

Class of P&S 1902

**Asa Paul Traywick** of Cameron, South Carolina, died on July 26, 1958.

Class of 1903

**Edgar B. Friedenwald**, *Emeritus Professor of Pediatrics* in the School of Medicine and a member of the P&S class of 1903, writes as follows:

Dear Doctor Wagner:

Many thanks for sending me the most interesting article by Dr. Frank Donaldson on, "The Practical Application of the Microscope to the Diagnosis of Cancer," reprinted from *The American Journal of Medical Sciences*. The information therein contained will be of inestimable value in the work, "Pediatric Annals of Maryland," upon which I am working. Pediatrics as a specialty only dates from the period of post-war (Civil). Prior to this time many Maryland physicians taught subjects relating to the diseases of children and contributed to the literature relating to this subject. Donaldson's contribution to Cellular Pathology certainly must be considered in any work relating to the advance of Medicine, not only here, but also in its relation to general medical history.

With very kindest personal regards,

Sincerely,

EDGAR B. FRIEDENWALD

Class of P&S 1908

**Allen Eugene Burner** of Durbin, West Virginia, died July 23, 1958.

Class of 1911

**Samuel Aronowitz**, for many years an active general practitioner in the

Miami, Florida, area, recently died at his home. Dr. Aronowitz was 71.

Class of 1912

**Henderson Irwin** of Eureka, North Carolina, died of carcinoma of the prostate gland July 19, 1958.

Class of 1915

**Major George Hamilton Dorsey** of 1325 Glenarm Place, Denver, Colo., died of congestive heart failure and pneumonia July 6, 1958.

Class of 1916

**Fred L. Eyestone** of 3111 Orchard Trail, Toledo, Ohio, died of carcinoma July 20, 1958.

Class of 1919

*My dear Classmates:*

The president of the Alumni Association has given me a tall order. In a few days he wants a rather detailed report on those in the class of 1919 who are still living and active. The secretary of the Alumni Association very kindly furnished me with a list of our classmates who are still living and also those who have passed on. I would almost be willing to venture that out of a class register of 50 members there are now only 31 living.

I think the idea of a news report on the various classes is very interesting, and at the same time, when you look over the lists of those you have left, you become very sad.

In the months to come I will try to contact those that are living and get a word or two as to their activities, but

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the most that I can say at the present would be about those who are practicing and living in Baltimore, Md. **Lyman Sinclair Abbott** is one of our leading ophthalmologists here in Baltimore, **Damian Paul Alagia** has his office on the old Frederick Avenue and he has active standing with the Seton Institute. **James Brown** is doing GYN, and he has been ever since he left school. **John Adams Buchness** is in the firm of Buchness, Buchness, and Vinup. **William G. Geyer** is in general practice, and is doing very well. **Charles R. Goldsborough** has maintained his office in the same place for years, and **Eugene Littlejohn Flippin** is following X ray and seems very well situated. **Cyrus Flook Horine** is a general surgeon and has been most successful, so has **M. LeRoy Lumpkin**. **Howard Byer McElwain** joined a group of industrial surgeons and has been there ever since. **Charles William Victor Richards** is in general practice and from all reports is doing very well. **Charles Wilbur Stewart** has not only gained in practice, but likewise in weight and at this writing seems very well. **Arthur Charles Tiemyer** has specialized in OB. The writer has managed to survive a couple of hospital trips and is doing internal medicine at 1118 St. Paul St., Baltimore, Md.

As I said before, in the months to come I will try my best to collect all the information that I can on our fellow classmates and report to you.

### Wetherbee Fort

#### Class of 1920

**Philibert Artigiani** of Baltimore, Md., attended the 52nd annual meeting of the Southern Medical Association.

**Charles Burton** is now at the U. S. Veterans Administration Hospital, Lake

City, Florida. His family is now all grown; one boy is an M.D. He has numerous grandchildren. Charlie asks members of the class to stop in to see him when they are in his neighborhood.

**Alfredo Comas** was a visitor in Baltimore during the latter part of September, 1958. He came to Baltimore in company with his nephew who entered medical school. Alfredo says he will be with us at the reunion in 1960.

**Ben Gold** is practicing in Shelby, North Carolina. He is a golf enthusiast. He also will be with us in 1960.

**F. A. Holden**, class representative, reports a letter from **Joe Clarken** of Newark, N. J. He is in fine physical condition, his children are now grown, one is a lawyer. He has two daughters, both of whom are secretaries. One daughter is in school. Joe is looking forward to 1960 and the 40th reunion.

**Zeb Hooper**, who had a major operation recently, has now recovered and is back to work feeling fine.

**Ernesto Quintera** is still in Puerto Rico where he works with the health department. He has been having some trouble with his heart, but this has not affected his professional activities.

**J. Morris Reese**, for many years active in the Southern Medical Association, is currently a member of the Association's committee on Scientific Work. Dr. Reese, a Clinical Professor of Obstetrics, recently participated in a round table discussion and presented a paper on the management of sepsis in pregnancy at the annual meeting of the New England Obstetrical and Gynecological Society.

**Albert Wild** is still in Alliance, Ohio. He has a boy who is a physician and com-

pleting a surgical residency. He gets in a lot of fishing and hunting. He, too, has plans to attend the 40th reunion.

Seen at local medical meetings were: **Len Dobihal, Phil Artigiani, Paul Knotts, Howard Bubert, Fred Smith, George Medairy, Dan Pesagno, Jesse Zinberg, and Leon Ginsburg.** All report they are in fine fettle. Many of our class attended the Southern Medical Association convention in New Orleans.

This year three of our classmates died, **John Erwin, Lynn Brumbach, and Nick Lombard.** They will be missed at the reunion in 1960.

#### Class of 1922

**H. Raymond Peters,** Professor of Clinical Medicine, School of Medicine, recently presented an exhibit entitled, "Experience with a new Anticoagulant, Phenprocoumon," at the 1958 Meeting of The Southern Medical Association in New Orleans.

**Guy Foote Pullen** of Leonia, New Jersey, died of coronary occlusion April 1, 1957.

#### Class of 1925

**John Sheldon Eastland** is president of the Medical and Chirurgical Faculty for the year 1958-1959.

**Lee Elgin, Sr.,** has been recently named Director of Venereal Disease Control for Dade County, Florida, with offices in Miami. Shortly after his graduation from the School of Medicine, Dr. Elgin became interested in venereal disease control and practiced this specialty for a while, changing to Urology. A successful Urologist in the Miami area, Dr. Elgin has recently given up his practice to return to this very important Public Health post.

**Francis X. Ellis,** Associate Professor of Dermatology and Dermato-Pathology in the School of Medicine, is also Assistant Professor of Dermatology at Johns Hopkins School of Medicine. Dr. Ellis is a member of the American Dermatological Association and is the author of numerous publications relating to diseases of the skin.

**Samuel S. Glick** is a past chairman of the Pediatric Section of the Baltimore City Medical Society. Dr. Glick is also an Executive Member of the Board of Trustees, the Phi Delta Epsilon National Medical Fraternity.

EDITOR'S NOTE: *After receiving news that Edgar Miller of the Class of 1925 was active in the United Mission of Nepal at Kathmandu, Nepal, your editor directed a letter to Dr. Miller requesting that he write in some detail concerning his medical activities in the vicinity of the clinic he had helped establish. The following letter was received September 28, 1958, from Dr. Miller:*

"You asked for a letter but I am afraid I have written too much. My classmates of 1925 all knew I wanted to be a missionary and I told many of them at the reunion in 1955 that my wife and I were coming to Nepal. Two reasons for a 30-year delay: first, the missionary board could not accept a candidate who owed so much money; and second, Nepal was a closed country until 1951. Dr. Bethel and Bob Fleming wanted us to help them develop a hospital. We have been here two and a half years. Our hospital, in an old Rani palace, has risen from ten beds to 65 and we hope to make it 100. We have 25 nurses: Nepali, Indian, American, Dutch and Swiss. We have five doctors and have good prospects of getting a 'Board man' in surgery, the first

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and only one so qualified in this land of eight and a half million people. What a boost that will be!

"Our experiences are quite in contrast to those of Wilmington, Delaware, where I practiced internal medicine and cardiology for 25 years. Dr. Elizabeth, my wife, did general practice. Every day (here) generally presents some new experience. The latest is that of a Nepali man who quarrelled with his wife three days ago. He drank DDT and bleaching powder with suicidal intent. He vomited and (later) a dog ate the vomitus and died after six hours. The patient arrived here eight hours later having been to a nearby small Nepali hospital where there was no doctor. On arrival here his stomach was washed, calcium was given intravenously to control his twitching. Paraldehyde was given for convulsions and restlessness, caffeine sodium benzoate were given as a stimulant along with intravenous glucose as well as penicillin to control a temperature of 105 degrees. Today his temperature is normal and he is beginning to respond well.

"We never saw a case of leprosy until coming here. Nearly every clinic yields one or two cases. The Mission to Lepers is now building a leprosarium. The doctors in charge of this sanatorium hold a special leprosy clinic once a week at our hospital. Sixty to 70 patients come on an average including all grades of leprosy with all types of deformities. Our challenge is to diagnose the cases early for those who can be helped, and to administer new drugs such as Sulfatrine.

"We have just been through a cholera epidemic. I never saw a case before coming here. The Nepal government has a special cholera hospital that will accommodate 50 patients. Tents were put up near this hospital for the overflow and

our hospital also helped by supplying all the intravenous solutions; isotonic, hypertonic with and without glucose; some with potassium and calcium. Two stills work 24 hours a day, handicaps unheard of have to be overcome. For example, the water supply would be interrupted. We also gave between eight and nine thousand inoculations. We also furnished our ambulance and driver to haul in patients. A visit to a cholera hospital is, indeed, a morbid affair. Patients show sunken eyes, dry skin, and rapid and feeble pulse, vomiting and the usual 'rice water' stools. Two patients in this latest epidemic died in one of our half-hour visits. Five additional patients died overnight in a nearby village; not one had been afforded medical attention. Since Nepal has no vital statistics it is difficult to estimate, but I am sure that in this epidemic 500 to 600 deaths occurred.

"Typhoid is a common scourge. We have six cases in our hospital now. One of these is a little girl of four who suffered a perforation but immediate operation saved her, the second perforation we operated on in a month. Many typhoid cases, however, arrive too late with peritonitis often of five or six days' duration. They carried these folks from the hills, a four- or five-day trek. Autopsies are very difficult to obtain but we have had two in the past month. These two autopsies confirmed the diagnosis of perforation and peritonitis.

"One cannot stick to a specialty here. In all Nepal there are 65 doctors, between 40 and 50 in the capital. In the hill country, doctors are very scarce. Dr. Elizabeth and I treked five days up near the Tibetan border to visit one of our mission stations. We arrived just in time to attend an accident case. A boy

of 16 shot his hand that morning at a wedding party. He was bleeding profusely in spite of tourniquets. The nearest hospital was three days away. Two nurses were our only attendants. One nurse anesthetized the patient and the other assisted me. We had to borrow a carpenter's saw. I hadn't operated like that since I was a hospital resident. The amputation stump got a good flap and the boy went home, and in five days was well on the road to recovery with no 'laudable pus.' All thanks to penicillin.

"Time does not permit me to tell more. Nepal is a land of contrasts. In the morning, one works in a village clinic with dirt, flies, and disease. In the afternoon he is called into a rich Rani family or even to the Royal Palace. It is all a thrill and a challenge, but sometimes frustrating and disheartening. You at home cannot appreciate your comforts, conveniences, and the blessings of sanitation and hygiene, as compared to a condition in a country where 95% of the people live in the tenth century. It is not only an effort to build up a medical pattern which is scientific and modern, but to build up good will and understanding that, as Bobby Burns said, 'Man to man shall brothers be for all that.'"

Yours sincerely,

**Edgar R. Miller**

P.S. Just a word to say how much I enjoy reading the BULLETIN and appreciate your sending it. The University always has such a warm spot not only because of the memories of the kindnesses of my teachers but also those of my classmates and friends. E. R. M.

**Jack Sarnoff** is currently a specialist in Otolaryngology. Dr. Sarnoff practices in New York. He is past president of the Queens County Medical Society.

**Thomas B. Turner** is now serving as Dean of the Johns Hopkins University Medical School.

#### Class of 1926

**Frank J. Geraghty** of Baltimore, Md., died November 1, 1958, of carcinoma of the stomach. Dr. Geraghty's complete obituary will be found in this edition of the BULLETIN in the Faculty-Medical School section.

#### Class of 1928

**S. J. Hankin** of Baltimore, Md., recently attended the 52nd Annual Meeting of the Southern Medical Association.

**David Merksamer** is the author of a paper entitled "Mold Allergy," published by the *New York State Journal of Medicine* (Vol. 57, No. 1 [Jan.] 1957). Dr. Merksamer is also a co-author of a paper entitled "An Evaluation of Atmospheric Mold Spores as Allergens in the New York Metropolitan Area; A Seven-Year Study." This was published in the *Journal of Allergy* (Vol. 29, No. 1 [Jan.] 1958). Dr. Merksamer also received honorable mention for an exhibit entitled "Air-Borne Mold Spores in Seasonal Allergy" which was presented at a recent meeting of the American Medical Association.

#### Class of 1929

As you well know, time is drawing near for our 30-year reunion which takes place this coming June of 1959.

You will recall the most wonderful time we had five years ago when our 25-year celebration took place which, of course, was a rather elaborate three-day affair with plenty of activities and you will also recall that at that time our

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slogan was, "Everything Looks Fine for '59," and here we are already.

The committee here in Baltimore will soon be busy again making plans and arrangements for another fine get-together. However, it will have to be a shorter affair this time but, nevertheless, a complete one. You will hear from us in due time and we shall eagerly await your reply in the affirmative to be counted in.

We regret to report the passing of **Henry F. Ullrich, Walter Spurrier, Milton Soloman** and **Raymond Sekerak**. The death of these fine men comes as a great loss to the communities in which they so ably served. Thus along with several others of our class of '29 who were reported missing in our ranks at our 25th year gathering puts quite a dent in the roll call and runs up a rather high per cent on the obituary list.

In memory of the late Dr. Henry F. Ullrich, Associate Professor of Orthopedic Surgery, members of the faculty have organized an Educational Fund which will be used for the support of Medical Education in his honor and as a token of respect, esteem, and appreciation.

**Silvio Alessi** is an active attending Gyn and Ob specialist at Lutheran Hospital.

**Earl Chambers**, former resident in medicine at Mercy Hospital, is doing general medicine here in the city.

**Jerry Conn**, Professor of Psychiatry, is attached to Phipps Clinic at Johns Hopkins and carries on a private practice in Psychiatry. He is also a great hypnotist.

**Israel Meranski**, better known as "Pete," conducts a busy practice in Pediatrics.

**Morris Schrieber**, a former resident in Medicine at Franklin Square Hospital, carries on a busy private practice in Internal Medicine.

**Lawrence Serra**, a ball of fire, serves a dual role as Chief of Medicine at Franklin Square Hospital and also Chief of Medicine at St. Joseph's Hospital, besides conducting a private practice.

**William Sullivan** has been appointed chief in surgery at the South Baltimore General Hospital, a position formerly held by **George Yeager** who is Clinical Professor of Surgery at the University Hospital, our old Alma Mater.

**Mabel Silver**, who has been in this country on a one-year leave, was given a dinner at the Lord Baltimore Hotel in her honor. Quite a few of the class attended. Those from out of town were: **Homer King Vann** and **Sam Leroy Savin Heck**. She was presented with a gold wristwatch engraved with her name and the class of 1929 as a memento. She has now returned to foreign soil as a Medical Missionary.

Now, in conclusion, just a quick run-down on others in the class briefly is as follows:

**Andres Calas** specializing in Surgery at Bon Secours Hospital.

**Herman Cohen**, Proctology, and **John Haney**, Surgeon, both are at St. Francis Hospital, Trenton, New Jersey.

**Paul Dailey**, practicing in Obstetrics, is at Harrisburg, Pa.

**Fred DeBarberi**, General Medicine in Baltimore, Md.

**Sam Heck**, Surgeon, is at White Plains, New York.

**Murray Jackson**, Orthopedics, is in New Rochelle, N. Y.

**Ernest Levi** specializing in Psychiatry.

**H. E. Nickman** does Pediatrics at Atlantic City, New Jersey.

**Lou Overton**, Orthopedics in Albuquerque, N. Mex.

**Red Reilly**, Surgeon, Newark, N. J.

**Saul Schwartzbach**, Surgeon, and **King Vann**, Ear, Nose and Throat, are both in Washington, D. C.

**Albert Sikorsky** former Resident in Surgery at St. Joseph's Hospital.

**Hugh Ward** doing General Practice in Prince Frederick, Md.

**McGowan**, Ear, Nose and Throat in Asheville, North Carolina, and so on down the list but on account of time and limitation of space in the BULLETIN, will have to sign off here with a promise of more to follow, if not before, at least during our assembly at the reunion.

**Harry M. Robinson, Jr.**, Professor of Dermatology and President of the Medical Alumni Association, **John A. Wagner**, Pathologist at Lutheran Hospital, Professor of Neuro-pathology at the University of Maryland Medical School, consulting Pathologist at Walter Reed Hospital and Editor of the BULLETIN, and **Howard Bubert**, Director of Post Graduate Education, together with your classmates, extend their highest regards and very best wishes.

WALTER A. ANDERSON  
*President*

#### Class of 1930

**James L. Garey** is currently Director of Laboratories at the U. S. Veterans Administration Hospital, Perry Point, Md.

#### Class of 1935

**Harry M. Robinson, Jr.**, is the co-author of an exhibit entitled "Antibiotic Selection in Cutaneous Pyogenic Infections." This was recently displayed at the

52nd annual meeting of the Southern Medical Association. Dr. Robinson also served as counselor in the Southern Medical Association.

#### Class of 1936

**Joseph Stecher** is active in the practice of Internal Medicine, with offices in Miami, Florida.

#### Class of 1937

**I. Phillips Frohman**, Washington, D. C., presented a paper at the Fifth Annual Meeting of the Academy of Psychosomatic Medicine in New York City, October 11, 1958, entitled "Drug Induced or Precipitated Depression." Dr. Frohman has recently published two additional papers entitled "Radioisotopes and the General Physician" and "Clinical Evaluation of a New Drug (1 Phenyl-a-Aminopropane Alginate) for the Treatment of Obese Patients in General Practice." The former was published in *GP*, October 1958, and the latter in the *Medical Annals of the District of Columbia*, in the October 1958 number. Dr. Frohman has also published recently in *Medical Economics* an article concerning the role of a physician as a medical witness.

#### Class of 1938

**Royston Miller**, who practices Orthopedic Surgery in Orlando, Fla., attended the 52nd Annual Meeting of the Southern Medical Association.

**Sidney Scherlis** recently presented a paper at the annual meeting of the American Heart Association held in San Francisco, October 24-26, 1958. The topic of Dr. Scherlis' paper was "Vasoconstriction and Vasodilatation by Sphincter Muscles in the Capillary Circulation of the Heart."

## ALUMNI ASSOCIATION SECTION

### Class of 1941

**Stanley S. Schwartz** was recently elected a Fellow of the American College of Surgeons and was inducted on October 10, 1958. Dr. Schwartz is engaged in the practice of general surgery at 420 Lincoln Rd., Miami Beach, Fla.

**John B. Wells** of Baltimore attended the 52nd annual meeting of the Southern Medical Association held in New Orleans.

### Class of 1942

*What has happened since graduation?*



**William A. Ahroon:** Bill is chief Otolaryngologist at Clifton Springs Sanitarium and Clinic, Clifton Springs, New York. In 1946 Bill obtained his American Board in Ophthalmology and Otolaryngology.



**David Bacharach.** After finishing his Medical Residency at Church Home and Hospital, attended New York University Postgraduate Medical School. Dave is

practicing Dermatology in the Medical Arts Building, Baltimore, Md., and received his American Board in Dermatology in 1952.

**Earl R. Baldwin.** For the past ten years Earl has been in Tucson, Arizona, and is now a partner in the Tucson Clinic, practicing Internal Medicine.



**Robert A. Barthel.** Interned at University Hospital after graduation. Then spent the next three years with the U. S. Navy. Bob is now in practice at Forest Hill, Maryland.



**Joseph G. Bird.** After completing an Assistant Residency in Medicine at University Hospital, he attended Graduate School at University of Maryland. In 1949 he received a degree of Doctor of Philosophy in Pharmacology. He practiced for five years in Baltimore and in 1954 began his present position of Clinical Pharmacologist for Sterling-Winthrop Research Institute, Rensselaer, New York.

**J. Howard Franz** has announced the association of **William E. Peterson** in

the practice of Radiology with offices at 2938 St. Paul Street, Baltimore, Md.

#### Class of 1943

**John B. Coughlin**, a member of the class of 1943, recently died of coronary thrombosis.

Following his graduation from the School of Medicine he served an internship at the Robert Parker Hospital in Sayre, Pa., and later served a period of active duty in the United States Army from 1944 to Sept. 1946. He then entered the general practice of medicine until July, 1951, when he returned to the Robert Parker Hospital for a two-year residency in anesthesiology.

From July 1, 1953, until August, 1956, he was a staff anesthesiologist at the Guthrie Clinic in Sayre, Pa. From September 1, 1956, he was staff anesthesiologist at the United States Veterans Administration Hospital in Durham, North Carolina, where he also served as an associate in anesthesiology in the Duke University School of Medicine. Dr. Coughlin was also staff anesthesiologist at the University of North Carolina. During his short career in anesthesiology he contributed several papers to the literature on this subject.

**Richard Garrett** is engaged in the practice of general surgery in Montgomery, Alabama.

**J. J. Range**, a frequent visitor to the Baltimore campus, is engaged in the practice of Radiology at Johnson City, Tenn. Dr. Range recently attended the Southern Medical Association meeting in New Orleans.

#### Class of 1944

**Ernest Guy** is engaged in the practice of Internal Medicine at Phillippi, West Virginia.

#### Class of 1945

**Frank J. Ayd, Jr.**, Class of 1945, recently returned from a European tour which included his participation in the International Colegicum on Neuropsychopharmacology where Dr. Ayd presented a paper entitled "A Comparative Analysis of Phenothiazine Derivatives." Dr. Ayd was also a recent speaker at the Arizona Chapter of the American Academy of General Practice, the Michigan Academy of General Practice, the New York Academy of Sciences, and the Academy of Psychosomatic Medicine. At the New York Academy meeting Dr. Ayd presented a paper entitled "Chemical Treatment of Depression." Dr. Ayd was recently made a Fellow in the American Psychiatric Association.

**Joseph White** attended the 52nd Annual Meeting of the Southern Medical Association.

#### Class of 1946

**Walter Crouch** is engaged in the practice of Pediatrics in Wilmington, North Carolina.

**H. William Gray** is practicing in Washington, D. C., with offices at 2017 Massachusetts Ave., N.W.

**Henry Harden** is engaged in the practice of Urology with offices in Miami, Florida.

**Erwin R. Jennings**, who practices Surgery in Brunswick, Georgia, presented an interesting exhibit entitled, "A New Suture Technique for Use in Surgery," at the 52nd Annual Meeting of the Southern Medical Association. The important feature of Dr. Jennings work centers about the development of a new double-pointed curved surgical needle and its application in the solution of cer-

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tain technical difficulties encountered in suturing.

**Edward North** is in General Practice at Elizabeth City, N. C.

**Lieut./Col. E. P. Smith, Jr.**, of the United States Air Force Hospital, Scott Air Force Base, Ill., has been recently certified by the American Board of Surgery and the board of Thoracic Surgery. He is a member of the Southern Thoracic Surgical Association and a Fellow of the American College of Surgeons. Dr. Smith is currently serving as a Lieut./Col. in the United States Air Force and is Chief of the Surgery Service at the Scott Air Force Base.



**Frank A. Shallenberger, Jr.**, has recently been elected President of the Arizona Academy of General Practice.

Dr. Shallenberger, who is a member of the Governing Staff of St. Mary's Hospital, and the Tucson Medical Center, has been engaged in General Practice in this area since 1950.

Following his graduation from the School of Medicine, he served two years in the United States Army with the Virus and Rickettsial Disease Commission. Aside from his many professional duties, Dr. Shallenberger finds it possible to be active in a number of religious and service clubs, and is also an active member in the American Rheumatism Association, Pima County Medi-

cal Society and the American Medical Association.

In private correspondence with the *BULLETIN*, Dr. Shallenberger writes, "I appreciate ever so much receiving the *BULLETIN* of Maryland as it helps to bring back the fond days which I spent there as a student. It's a real pleasure to see the names of classmates of mine in College and Medical School who are now Associate Professors of Medicine and Surgery on the staff of the school. I am amazed by the increase in the size of the plant of the Medical School. The last *BULLETIN* with the map of the Hospital and recent additions and proposed additions is absolutely fantastic. It might amaze you to know that I still remember something of Neuropathology in the basement Laboratory—12 or 13 years ago.

"With best personal regards and hoping that you will convey to all of my old Professors a Greeting from the Land of Perpetual Sunshine, I am—(F. A. Shallenberger, Jr., M.D.)"

The *BULLETIN* appreciates Dr. Shallenberger's cooperative reply.

**I. J. Wentz** practices Orthopedic Surgery in Salisbury, N. C. After his internship at the St. Thomas Hospital in Nashville, he served his residency in Orthopedics at the University of Virginia and later at the Alfred Dupont Children's Hospital in Wilmington, Delaware.

### Class of 1947

**Norman Levin**, who practices Gynecology and Obstetrics in Baltimore, attended the 1958 meeting of the Southern Medical Association, held in New Orleans, La.

**Class of 1948**

**Robert E. Ensor** is the co-author of an exhibit entitled "Experience with a new Anticoagulant, Phenprocoumon." This exhibit was presented at the 52nd annual meeting of the Southern Medical Association held in New Orleans.

**Leonard Golombek** of Baltimore, Md., attended the 52nd annual meeting of the Southern Medical Association.

**John R. Shell** is in Vicksburg, Mississippi, where he is engaged in the practice of Internal Medicine.

**Class of 1949**

Sixteen members of this class have remained in the Baltimore area: **Robert A. Abraham**, engaged in private practice in Cockeysville; **Richard C. Fravel**, practicing Internal Medicine; **Martin Gorten**, a member of the Department of Pediatrics at University Hospital; **Angelina Guido**, who lives in Washington, D. C., but practices Ophthalmology in Baltimore; **Burton V. Lock**, who does private practice in East Baltimore; **George H. Longley** engaged in the practice of Psychiatry as is **Nathan Schnaper**; **Edmund B. Middleton** a member of the Department of Obstetrics and Gynecology at University Hospital; **Max J. Miller**, practicing Internal Medicine; **Mary Matthews** and **Arnold Tramer** both of whom have a Pediatric practice; **Merrill E. Parelhoff**, engaged in the practice of Internal Medicine in Pikesville; **Jerome Pleet**, an Obstetrician and Gynecologist; **Margaret Sherard** who is in School Health work; **John F. Strahan**, practicing Dermatology and Internal Medicine; and **Gene D. Trettin**, an Otolaryngologist.—**Edward S. Middleton**.

**Howard F. Raskin**, active in research at the University of Chicago Clinics, recently presented a paper entitled "Exploitative Psychology in the Diagnosis of Lesions of the Colon and Rectum." This paper was presented in the symposium on cancer of the colon and rectum, on the scientific program of the American Cancer Society held in New York City October 20-21, 1958.

**Class of 1950**

**Edward Bradford** is engaged in General Practice at Winter Garden, Florida.

**Joseph O'Malley** is engaged in the practice of Plastic Surgery, with offices in Orlando, Florida.

**Class of 1952**

**James Anderson** is a most successful General Practitioner, whose offices are in Hialeah, Florida.

**Stewart Brown** is Resident in Dermatology at the Brooke Army Hospital, San Antonio, Texas.

**Robert Douglass** is in General Practice at Homestead, Florida.

**Lee Elgin, Jr.**, is currently serving as Chief Resident in Ophthalmology at the Duke University Hospital. Dr. Elgin was recently honored by the acceptance of some of his scientific studies for exhibit at a recent meeting of the American Ophthalmological Society.

**Charles Holmes** is engaged in the practice of surgery, with offices in Miami, Florida.

**Benton Perry** is engaged in General Practice in Miami, Florida.

**Jonas R. Rappeport** has announced the opening of his office for the practice of Psychiatry at 1117 St. Paul St. in Baltimore 2, Maryland.

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### Class of 1953

**Gerard P. Hammill** is currently serving as director of the John J. Kane Hospital, Allegheny County Institution District, Vanadium Road, Pittsburgh 16, Pennsylvania.

### Class of 1954

Dear Classmate:

Nearly five years have gone by since you graduated. We are interested in knowing what's become of you since June, 1954.

We would appreciate your filling in the blanks and returning this letter to the Alumni Association. The information will be published in the April, 1959, issue of the *BULLETIN OF THE SCHOOL OF MEDICINE*.

Plans are now being made for our Five Year Class Reunion which will take place in June, 1959. Definite information will be forthcoming.

Home address .....

Hospital address .....

In practice?    yes ☐    no ☐

In training?    yes ☐    no ☐

In academic medicine?    yes ☐    no ☐

In a specialty?    yes ☐    no ☐

If so, which one? .....

Are you married?    yes ☐    no ☐

How many children? .....

Interested in a class reunion?    yes ☐    no ☐

Had any interesting experiences, contributions to the literature, etc? If so, write and tell us about them. We are sure your classmates are interested in hearing from you.

Sincerely,

DAVID LEVY, M.D.  
*Resident in Medicine*  
University Hospital  
Baltimore, Md.

ROBERT E. YIM, M.D.  
*Director of Nurseries*  
University Hospital  
Baltimore, Md.

### Class of 1955

**Albert B. Bradley** has announced the opening of his office for the general practice of medicine and surgery at 4900 Belair Road in Baltimore 6, Maryland.

**C. R. Koons**, now on active duty in the U. S. Naval Medical Corps, is stationed at the U. S. Naval Medical Center, Bethesda, Md. Dr. Koons recently participated in a U. S. Naval Medical exhibit on radioactive isotopes, presented at the Southern Medical Association Meeting in New Orleans. Upon completion of his military service, Dr. Koons expects to return to the University of Maryland where he will continue as a member of the Department of Medicine.

**Charles B. Pratt**, who has completed a tour of duty with the 42nd Field Hospital of the United States Army, is now serving an assistant residency in pediatrics at the Babies Hospital of the Columbia-Presbyterian Medical Center, 167th St. and Broadway, New York, New York. Dr. Pratt served his internship at the Hospital of the Medical College of Virginia in Richmond.

**Alexander Spock**, who is currently on active duty as a captain in the Medical Corps of the United States Army, has recently changed his address to A.P.O. 949, Seattle, Washington. Dr. Spock formerly resided at 826 Pine Street, Kulpmont, Pa.

#### Class of 1956

**Robert N. Headley** is currently on active duty in the U. S. Air Force and is engaged in research at the Aero-Medical Laboratory, Acceleration Sec., Wright-Patt A.F.B. Dr. Headley's home address is 300 Trunk Drive, Dayton 31, Ohio.

**Lee Hoffman** of 2036 Eutaw Place, Baltimore 17, Md., has been appointed

a research fellow of medicine at the Harvard Medical School.

**Joseph G. Lanzi** was recently a visitor on the campus of the School of Medicine. Dr. Lanzi is currently in military service and is on extended active duty. He is stationed at Fort Bragg, North Carolina. Dr. Lanzi anticipates the termination of this military service in August 1959, and plans to locate his office for the general practice of medicine in the Metropolitan Baltimore area.

**Harry Paul Ross** has announced the opening of his office for the practice of general medicine at 203 North Queen St. in Chestertown, Md., and at the Medical Building in Rock Hall, Md. Dr. Ross will be associated with Dr. William M. G. Gatewood.

**TEAR OUT**

TO THE BULLETIN:

I would like to report the following:

[illegible]

---

Name \_\_\_\_\_

Address \_\_\_\_\_

Class \_\_\_\_\_

*Send to*

Bulletin—School of Medicine  
University of Maryland  
31 S. Greene St.  
Baltimore 1, Md.

## American Board Certification

## Change of Address

## Change of Office

## Residency Appointment

## Research Completed

### News of Another Alumnus

## Academic Appointment

## Interesting Historic Photographs

YOUR SCHOOL  
NEEDS  
YOUR A. M. E. F.  
CONTRIBUTION

---

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**American Medical Education Foundation**

**535 N. Dearborn St.**

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# Bulletin

## OF THE SCHOOL OF MEDICINE ~ UNIVERSITY OF MARYLAND

*April 1959*

VOLUME 44

NUMBER 2



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OF MARYLAND AND THE MEDICAL ALUMNI ASSOCIATION

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# *Bulletin* OF THE SCHOOL OF MEDICINE UNIVERSITY OF MARYLAND

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*Policy*—THE BULLETIN OF THE SCHOOL OF MEDICINE UNIVERSITY OF MARYLAND contains scientific articles of general clinical interest, original scientific research in medical or related fields, reviews, editorials, and book reviews. A special section is devoted to news of Alumni of the School of Medicine, University of Maryland.

*Manuscripts*—All manuscripts for publication, news items, books and monographs for review, and correspondence relating to editorial policy should be addressed to DR. JOHN A. WAGNER, *Editor*, BULLETIN OF THE SCHOOL OF MEDICINE, UNIVERSITY OF MARYLAND, 31 S. Greene Street, Baltimore 1, Md. Manuscripts should be typewritten double spaced and accompanied by a bibliography conforming to the style established by the *American Medical Association Cumulative Index Medicus*. For example, the reference to an article should appear in the following order: author, title, name of journal, volume number, pages included, and date. Reference to books should appear as follows: author, title, edition, pages, publisher, and date published. A reasonable number of illustrations will be furnished free.

*Reprints*—At the time the galley proof is returned to the author, the publisher will insert an order form for reprints which are purchased directly from the publisher. Any delay in the return of this order form may result in considerable additional expense in obtaining reprints.

*Alumni Association News*—The BULLETIN publishes as a separate section, items concerning the University of Maryland Alumni and their Association. Members and friends are urged to contribute news items which should be sent to Dr. John A. Wagner, *Editor*, BULLETIN OF THE SCHOOL OF MEDICINE, UNIVERSITY OF MARYLAND, 31 S. Greene Street, Baltimore 1, Md.

*Subscriptions*—The BULLETIN is issued 5 times a year. Its subscription price per annum, post paid is \$3.00; single copies, \$.75, when available. Active members of the Medical Alumni Association receive the BULLETIN in connection with the payment of annual membership dues. Non-Alumni subscriptions should be made payable to the University of Maryland and remitted through the office of Dr. John A. Wagner, *Editor*.

*Advertising*—The BULLETIN accepts a limited number of advertisements. Rates may be obtained upon application to Mr. William J. Wiscott, Managing Editor, 3722 Greenmount Avenue, Baltimore 18, Md.

# Bulletin OF THE SCHOOL OF MEDICINE UNIVERSITY OF MARYLAND

VOLUME 44

APRIL 1959

NUMBER 2

## Tofranil, A New Anti-Depressant

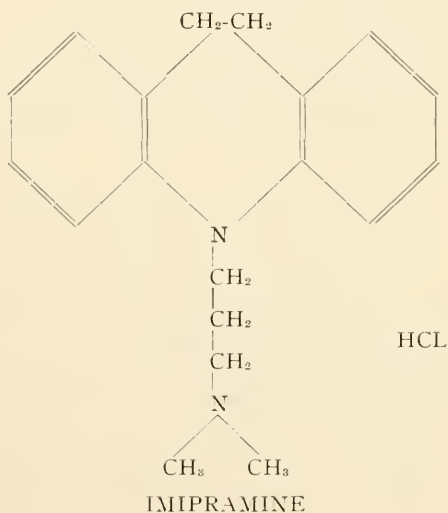
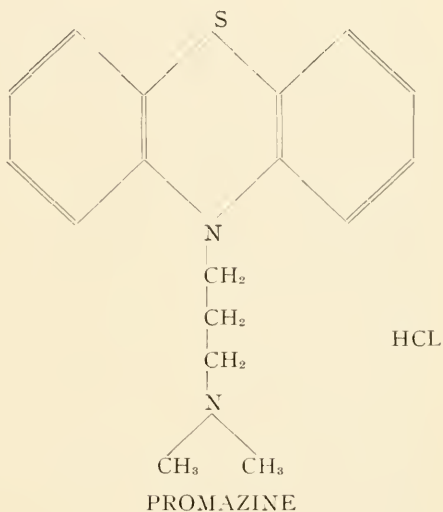
FRANK J. AYD, JR., M.D.\*

A RECENT addition to the list of chemical remedies for depressive states is an iminodibenzyl derivative, imipramine (Tofranil).<sup>1, 2</sup> This compound does not inhibit monoamine oxidase or effect norepinephrine levels. Unlike other anti-depressants it is not primarily a stimulant and does not characteristically induce excitement and euphoria. Structurally, Tofranil resembles the phenothiazine derivative promazine from which it differs by the substitution of a two carbon chain for the sulfur atom in the phenothiazine nucleus.

This report presents the results obtained in a study undertaken to determine the clinical indications, dosage, side effects and therapeutic effectiveness of Tofranil.

### Clinical Material

Fifty patients (34 women and 16 men, ages 35 to 74) were selected at random for this clinical investigation. These patients were chosen for Tofranil therapy primarily because depressed mood, psychomotor retardation, feelings of guilt, hopelessness, or despair, insomnia, anorexia, or functional somatic complaints were the predominant symptoms of their



\* Chief of Psychiatry, Franklin Square Hospital, Baltimore, Maryland.

illness. The diagnostic categories were as follows: manic-depressive reaction, depressed 16; involutional depression 19; schizophrenic reaction with depressive features five; and psychoneurotic depression ten. All patients were treated in a general hospital or on an ambulatory basis so that information gathered from the resident and nursing staff, family physicians, and relatives was collated with the impressions of the investigator.

#### Technique of Therapy

To minimize suggestion the patients were given Tofranil without comment as to what it was or the expected clinical response. All patients, regardless of the severity of their illness, were started on an oral or intramuscular dose of 25 mg. three or four times a day. It was soon realized that parenteral Tofranil was no more effective than the tablet so that this method of administration was abandoned. If necessary the dosage was increased by increments of 25 mg. until improvement occurred or toxic side effects appeared. Whenever the dose was increased small doses were given frequently rather than giving large doses infrequently. Although the daily dose ranged from 75 to 300 mg., the most effective therapeutic dose was 75 to 150 mg. daily. The drug was then gradually discontinued over a period of several

months. In a few instances symptoms recurred as the dose was reduced, but disappeared on re-institution of Tofranil; these patients are now on maintenance therapy.

Since Tofranil is neither a sedative nor a hypnotic, tranquilizers or barbiturates were prescribed occasionally in addition, whenever agitation or insomnia was severe. Such combined treatment was safe and practical since no form of potentiation or synergistic action was observed.

#### Therapeutic Results

To assay the benefits of Tofranil therapy at the end of eight weeks treatment the following criteria were employed: 1) marked improvement—total disappearance of depressive symptoms, and 2) moderate improvement—partial modification of some or all of the target depressive symptoms. By these standards ten patients (20%) were markedly improved, 30 patients (60%) were moderately improved, seven patients (14%) were unimproved and three patients (6%) were worse. (Table 1.)

The symptomatic response varied with the severity of the condition treated. The more retarded the patient, the more striking was the effect of Tofranil. Most of the improved patients experienced an onset of symptomatic relief within three to seven days after the beginning of

TABLE 1—*Tofranil*

Diagnosis	Male	Female	Therapeutic Results		
			Marked	Moderate	Unimproved
Manic-Depressive, Depressed	5	11	6	8	2
Involutional Depression	6	13	4	13	2
Psychoneurotic Depression	3	7	0	7	3
Schizophrenic Reactions	2	3	0	2	3
Total	16	34	10	30	10

Tofranil therapy, although at least two weeks of treatment were necessary before genuine clinical improvement was discernible. The improvement could be noted by merely observing the patients. They became more animated and cheerful, began to smile, to speak more readily, to concentrate better, to read, to watch TV, to enjoy company, and to have renewed interests in their usual pursuits. Pessimism and irritability were replaced by optimism and affability. Somatic and neurasthenic complaints ceased. Abnormal phobias, distressing obsessions, guilt feelings, and suicidal urges disappeared. Appetite and sleep improved, and fatigue and lassitude gave way to renewed energy.

If the patient has not shown much change after eight weeks of Tofranil treatment, it is improbable that he will benefit from further therapy. Most patients in this series obtained the best results from 75 to 150 mg. daily. Only severely depressed or very chronically depressed patients required over 200 mg. daily, and this dosage could usually be reduced below 200 mg. after two weeks treatment. To exceed 200 mg. a day, especially in patients over 65, with the hope of increasing the therapeutic effectiveness of Tofranil is usually futile. Several patients were made clinically worse when higher doses of the drug were administered. In addition to an increase of autonomic side effects, there is a risk of neurologic (tremors, epileptiform seizures), cardiovascular (tachycardia, syncope or hypotension, dyspnea) and psychiatric reactions. Schizophrenics and patients with a history of prior hypomanic or manic episodes may become tense, hostile, excited, delusional, and hallucinated. Patients with organic brain disease also do not tolerate

Tofranil well nor do they respond as favorably.

There is no apparent clinical difference between those who react well to Tofranil and those who do not improve with one exception, namely, those patients previously unresponsive to electro-convulsive therapy. As a group these shock-resistant patients responded well. Sex, age, and duration or severity of illness do not play a role in the therapeutic results. The majority of those patients with an endogenous depression who responded well to Tofranil had histories of previous depressions from which they recovered with shock therapy or hospitalization.

#### Side Effects

Tofranil may cause the following side effects: dizziness (30%), weakness and fatigue (30%), drowsiness (25%), dryness of the mouth (25%), sweating (18%), constipation (15%), miosis (10%), frequent urination (6%), nausea and vomiting (4%), tremor (4%), muscle twitching (2%), tachycardia (2%), impotence (2%), and skin eruptions (2%). Dizziness was most pronounced in the initial phase of treatment and was the one side effect most disturbing to patients. The other side effects were mild and seldom spontaneously mentioned by the patient. They usually occurred in the early weeks of treatment when larger doses were used. They were transient, even with continued medication, and seldom required the addition of other drugs to counteract them. Constipation, for example, was readily relieved by fruit juices or by an occasional mild cathartic. Weakness, fatigue, and drowsiness was readily overcome by Ritalin (10 mg. once or twice a day) in the occasional patient in whom these symptoms were bothersome. Most side

effects disappeared when the dosage of Tofranil was lowered. It was never necessary to discontinue Tofranil because of side effects.

Increase in appetite and weight gains occurred in 42 patients receiving Tofranil. The average gain in weight was 12 lb. for women and 9 lb. for men. This weight gain usually coincided with improvement in the first few weeks of treatment. Those patients with anorexia and weight loss while taking Tofranil derived little or no benefit from the drug.

#### Comment

The action of Tofranil is quite different from other drugs such as amphetamine, iproniazid, and other amine oxidase inhibitors used for treating depressions.<sup>3, 4, 5</sup> The effects of the drug are not as rapid or as dramatic as the action of electroshock therapy. There is a risk in treating severely depressed suicidal patients with this drug alone on an ambulatory basis because of the time (two to four weeks) required for Tofranil to take effect. Even after most depressive symptoms have subsided Tofranil should be discontinued gradually to avoid a relapse. The experience of European psychiatrists indicates that this drug can be given for as long as two years if necessary without adverse effects.

The relationship of dosage, age, time, and side effects warrants emphasis. The higher the dose and the older the patient the greater the incidence of side effects. Likewise the longer a patient takes Tofranil the fewer the side effects and the greater the tolerance. For the majority of patients therapeutic benefit can be achieved with doses under 200 mg. daily.

#### Summary and Conclusion

Tofranil, a new anti-depressant drug, was given to 50 ambulatory patients in

whom depressive symptoms were the predominant features of their illness. At the end of eight weeks treatment ten patients (20%) showed marked improvement, 30 patients (60%) showed moderate improvement, seven patients (14%) were unimproved and three patients (6%) had become worse. The most effective therapeutic dose was 75 to 150 mg. daily. Most of the improved patients experienced some symptomatic relief within three to seven days after Tofranil medication had been instituted. Side effects occurred in this order of frequency: dizziness (30%), weakness and fatigue (30%), drowsiness (25%), dry mouth (25%), sweating (18%), constipation (15%), miosis (10%), frequent urination (6%), tremor (4%), muscle twitching (2%), tachycardia (2%), impotence (2%), and skin eruptions (2%). These were mild and disappeared spontaneously or when the dose of Tofranil was reduced. It was never necessary to discontinue Tofranil because of side effects. Tofranil was especially effective in endogenous depressions, producing a progressive disappearance of the signs and symptoms of depression.

6231 York Road  
Baltimore 12, Maryland

#### REFERENCES

1. KUHN, R.: The Treatment of Depressive States with G 22355 (Imipramine Hydrochloride). *Am. J. Psychiat.* **115**:459-464, 1958.
2. AZIMA, H. & VISPO, R. H.: Imipramine: A Potent New Anti-Depressant Compound. *Am. J. Psychiat.* **115**:245-246, 1958.
3. AYD, F. J., JR.: A Preliminary Report on Marsilid. *Am. J. Psychiat.* **114**:459-460, 1957.
4. AYD, F. J., JR.: The Treatment of Depression and Debilitation with Marsilid. *Bull. School of Med., Univ. Maryland* **43**:9-12, 1958.
5. AYD, F. J., JR.: Chemical Treatment of Depression. Conference on Amine Oxidase Inhibitors. The New York Academy of Sciences, Section of Biology. In press.

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## MEDICAL SCHOOL SECTION

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### Dean's Letter



*Dear Members of the Alumni and  
Friends of the School of Medicine:*

It is pleasing to report to you further progress on the redevelopment of the Baltimore Campus. In addition to the areas of redevelopment previously planned, steps are now being taken to acquire the Hecht Property. Requests are being made by the University to the Legislature to purchase the property with the idea that the main department store building would be primarily utilized for the future location of all of the basic sciences. There is a reasonable possibility that the Legislature will authorize the purchase.

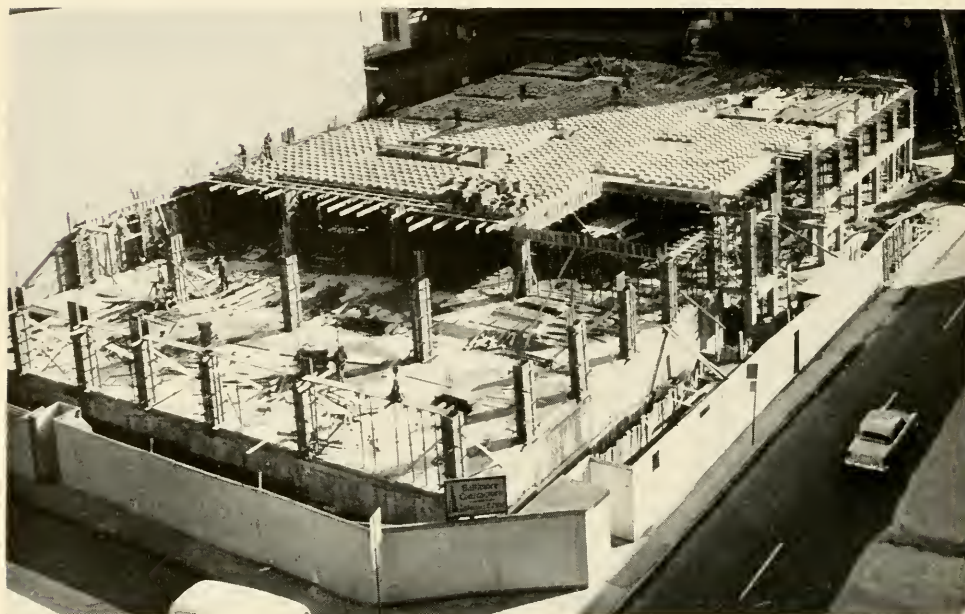
If this comes to pass, it will give the faculty of the School of Medicine a chance to reorganize the curriculum for better integrated teaching. In addition, the basic sciences will have an adequate opportunity to develop their graduate programs and to foster faculty research.

All of these developments for the Baltimore Campus and the building of the new Charles Center should do much to regenerate downtown Baltimore and create a great campus for the University.

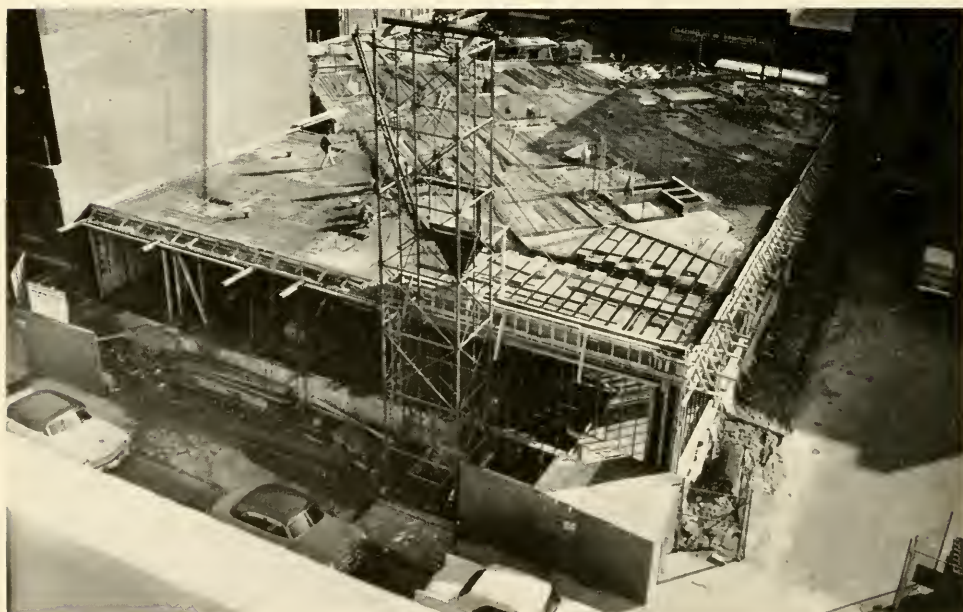
Sincerely,

WILLIAM S. STONE, M.D.  
*Dean*

**PROGRESS NOTE, FEBRUARY 1959**



New Medical Sciences Library progresses through second story as of February 1, 1959.



View of progress of construction, new Student Union building, on West Lombard Street as of February 1, 1959.

### **Department of Biophysics Approved**

Dr. WILLIAM S. STONE, Dean, has recently announced the approval for a department of Biophysics in the School of Medicine. The organization of this department has been under consideration for some time. The announcement came following approval of the petition from the School of Medicine by the University, Senate, and the Board of Regents. It has been estimated that it will take about five years to complete the organization of the new department.

### **Dean Proposes Unit for School History**

#### **Plans in Progress for Development of Museum Concerning School History**

DEAN WILLIAM S. STONE has recently announced a project to create and maintain within the School of Medicine a museum designed principally to display historic items concerning the past history of the University of Maryland School of Medicine as well as other contemporary items relating to medical sciences during the long history of the institution.

This new facility, a room to be included in the new Medical Sciences Library, will be designed to house not only certain of the historical books owned by the University, but will be equipped with display cases for periodic presentation of antique instruments or other historic items relating to the past history of the school.

Alumni are urged to contribute any historic items which might be appropriate for inclusion in the collection. Alumni are also requested to aid in securing from others any such items which may seem to them of historic interest, i.e. 1) medical and surgical instruments of a

type used in 1800 or thereafter; 2) old books; 3) diplomas and other awards granted by the University to graduates; 4) photographs, engravings, invitations, announcements, and report cards; 5) newspaper clippings concerning activities of the School of Medicine or its alumni; 6) biographies of important alumni; 7) historic items or references thereto.

All such gifts or suggestions should be clearly identified as to source; should be provided with historic data, if possible; and should be sent directly to Dr. William S. Stone, Dean, School of Medicine.

### **Senator Hill to be Pre-Commence- ment Speaker**

Dr. WILLIAM S. STONE, Dean, has announced that Senator Lister Hill will be the principal speaker at the pre-commencement exercises scheduled for Friday, June 5, 1959.

### **Dr. Thomas G. Burkart Resigns to Accept Hospital Post**

Dr. THOMAS G. BURKART, Assistant Professor of Pathology, has tendered his resignation effective January 1, 1959, to accept an appointment as Pathologist in Chief at the York County Hospital, York, Pa.

Dr. Burkart will continue his interest in the Department of Pathology as a part-time member of the staff.

### **Dr. Amberson to Retire**

Dr. WILLIAM R. AMBERSON, Professor of Physiology, has announced his retirement to become effective July 1, 1959.

In the July issue of the BULLETIN, a more complete account of Dr. Amberson's contributions to the School of Medicine will be printed.

## DEPARTMENT OF PHARMACOLOGY

### Traditional Pharmacology Christmas Party Honors Dr. Pincoffs

The traditional pre-Christmas luncheon and reception held on December 17, 1958 honored Dr. Maurice C. Pincoffs, Emeritus Professor of Medicine at the University of Maryland.

With more than two-score faculty members and guests of the Department of Pharmacology gathered in the departmental library, Dr. J. C. Krantz acted as host and Master of Ceremonies. Following luncheon, Dr. Wilson H. Elkins, President of the University, spoke briefly and Dr. Pincoffs was presented with a citation by Governor Theodore R. McKeldin. Dr. Pincoffs then spoke briefly on some highlights of American medical history.

THE Department of Pharmacology has recently published the following papers concerning investigations either in the School of Medicine or in collaboration with other researchers:

KRANTZ, J. C., JR.: The Cardiac Glycosides in Medical Practice. *Postgrad. Med.* **24:3** (Sept.), 1958.

KRANTZ, J. C., JR.: The Pharmacologic Approach to Bronchial Asthma, *Bull. School Med. Univ. Maryland.* **43:58**, 1958.

ESQUIBEL, A. J., KRANTZ, J. C., JR., TRUITT, E. B., JR., LING, A. S. C., and KURLAND, A. A.: Hexafluorodiethyl Ether (Indoklon): Its Use as a Convulsant in Psychiatric Treatment. *J. Nerv. & Ment. Dis.* **126:6** (June), 1958.

KRANTZ, J. C., JR.: Management of Insomnia and Restlessness: A Pharmacologic Viewpoint. *Connecticut M. J.* **22:8** (Aug.), 1958.

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Governor Theodore R. McKeldin presents citation to Dr. Maurice C. Pincoffs.

Dr. Pincoffs speaks to group at Pharmacology Christmas reception.



## DEPARTMENT OF PSYCHIATRY

THE faculty of the Department of Psychiatry has been active in extra-departmental scientific endeavor in recent months.

**Dr. Jacob E. Finesinger** spoke on "Fatigue as a Presenting Symptom" at the Postgraduate Institute in Neuropsychiatry of the Doctor's Hospital in Baltimore in November 1958.

In January 1959, he also participated in the first meetings of the newly formed committee of the Baltimore City Department of Health dealing with mental hygiene. These meetings were held on January 16 and 17.

**Dr. Manfred Guttmacher** attended the meeting of the Group for the Advancement of Psychiatry held at Asbury Park, N. J. Dr. Guttmacher also worked with the Committee on Psychiatry in Law. Dr. Brody of the Department also participated. At this meeting, Dr. Lourie of the Department of Psychiatry became a member of the Committee on Child Psychiatry.

Dr. Guttmacher was speaker at the Lafayette Clinic at Wayne University, Detroit, on January 9, 1959, discussing Law and Psychiatry. Later he addressed the student body of the Columbia University School of Law on the subject "The Sex Offender and Criminal Law." Dr. Guttmacher also participated in a panel on "Criminal Responsibility of the Mentally Ill" presented by the Psychiatric Institute in collaboration with the School of Law on December 18. This panel was moderated by Professor L. Whiting Farinholt of the School of Law, who also served as the chairman of the round table on Psychiatry and Law of the Association of American Law Schools at a meeting in Chicago on December 30.

**Dr. Eugene B. Brody** participated in a conference on "The Training of Psychotherapists" sponsored by the Louisiana State Department of Mental Health held in New Orleans. On this same occasion, he presented a paper entitled, "The Development of the Psychiatric Resident as a Therapist." Later Dr. Brody spoke also at the Connecticut Postgraduate Seminar in Psychiatry and Neurology in Middletown, Connecticut held on March 2. Dr. Brody's subject was "The Ambulatory Schizophrenic in the Community."

**Dr. Reginald Lourie** addressed the Baltimore Psychoanalytic and Maryland Psychiatric Societies on February 12, speaking of "Problems of Personality Development in Brain-Damaged Children."

Plans are being formulated by a Committee of faculty members of the Psychiatric Institute, in collaboration with the Departments of Pediatrics, for a pediatric-psychiatric teaching conference to be held for practicing pediatricians in the Psychiatric Institute in May. This conference will be jointly sponsored by the University of Maryland, Johns Hopkins University, and the Baltimore Psychoanalytic Institute.

**Dr. Otto Will** delivered lectures on schizophrenic reaction at the Dallas Meeting of the Neuropsychiatric Society in November 1958. He also spoke at the University of Texas Southwestern Medical School in Dallas and at the Veterans Administration Hospital in Downey, Ill. Later he spoke at the Galesburg State Research Hospital in Galesburg, Ill. On December 27th he presented a paper entitled "Hallucinations: Comments Reflecting Clinical Observations of the Schizophrenic Reaction" at the

symposium on hallucinations sponsored jointly by the APA Research Committee and the AAAS in Washington.

**Dr. A. Russell Anderson** was active in December at the meetings of the American Psychoanalytic Association held in New York. He presented a paper entitled "Problems of Reanalysis" and participated in a panel discussion. Dr. Jenny Waelder-Hall also participated in this panel. Dr. Eugene B. Brody was invited to discuss Margaret Mahler's paper on "The Influencing Machine in the Light of the Psychotic Child's Body Image Development."

**Dr. Virginia Huffer** of the Department was a member of the panel discussing the management of advanced malignant disease held at a meeting of the Baltimore Medical Society at Fort Howard on December 10.

**Dr. Leopold May** has been appointed Editor of the column "Spectroscopic Tricks" which will appear regularly in the *Journal of Applied Spectroscopy*.

Recent publications by the Psychiatric Institute faculty include:

Bierman, J. S., Silverstein, A. S., and Finesinger, J. E.: Depression in a Six-Year-Old Boy with Acute Poliomyelitis, *The Psychoanalytic Study of the Child*.

Klee, G. D. and Smith C.: Progressive Spinal Muscular Atrophy: Report of a Case Onset in Infancy and Survival to Adulthood, *Journal of Nervous and Mental Disease* (Current Issue).

In the current issue of the *American Journal of Psychiatry*, a book review of Hollingshead, A., and Redlich, F. C., *Social Class and Mental Illness*, by E. B. Brody.

### Uhlenhuth Portrait Unveiled

WITH appropriate ceremonies in the old Anatomical Hall on Thursday, December 18, 1958, the portrait of Doctor Eduard Uhlenhuth, presented to the School of Medicine by his many friends and former students, was unveiled.

The painting, by Mr. Stanislaw Remski, was made possible through gifts of more than \$3,500.00 from the many friends and former students of Doctor Uhlenhuth. That portion not used for the portrait was used to purchase additional books for the anatomical collection which Doctor Uhlenhuth had started many years ago.

Dr. Frank Figge, Dr. Vernon Krah, and Dr. Karl Mech spoke at length on the many aspects of their long association with Doctor Uhlenhuth. Dr. William S. Stone, Dean, accepted the portrait for the University. A reception and collation followed. Dr. Uhlenhuth's portrait now hangs in the Alumni-Faculty room in Davidge Hall.



Dr. William S. Stone, Dean, accepts portrait of Dr. Uhlenhuth.

MEDICAL SCHOOL SECTION



Dr. Eduard Uhlenhuth assumes characteristic pose in Anatomical Hall. Note skeleton, portrait, and the non-anatomical refreshments.

CORRECTIONS

In the January 1959 number of the BULLETIN (Vol. 44, No. 1), there are several errors.

On page iii, Dr. Aubrey D. Richardson was listed as having been appointed Professor of Physical Medicine and Rehabilitation. Doctor Richardson has been recently named Chief of the Medical Care Clinic of the University Hospital and will not be the director of the Physical Medicine Clinic of the Hospital as printed.

Apologies to Dr. Muse. On page xvi, under the legend #1, the correct wording should be Dr. Joe Muse.

Apologies to Dr. Holden. On page xii, Dr. F. S. Holden of Baltimore should be Dr. F. A. Holden.

MEDICAL LIBRARY NOTES

The following donors presented material to the library between November 1958 and February 1959:

DR. WILLIAM R. AMBERSON  
 DR. E. G. BLANK  
 DR. LOUIS V. BLUM  
 DR. J. EDMUND BRADLEY  
 DR. MICHAEL ELYAN  
 DR. JACOB E. FINESINGER  
 DR. KURT GLASER  
 DR. N. J. GOULD  
 DR. FRANK W. HACHTEL  
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 DR. WILLIAM S. STONE  
 DR. F. N. PAUL TINKER  
 DR. H. LESLIE WENGER  
 DR. JOHN WHITE  
 MR. W. J. WISCOTT  
 DR. THEODORE E. WOODWARD  
 DR. CHARLES L. WISSEMAN, JR.  
 DR. H. BOYD WYLIE  
 DR. STANLEY N. YAFFE

American Medical Education Foundation Meets Constant Need

With the increasing complexity of medical education and with mounting demands upon the financial resources of the School of Medicine, monies received from the A.M.E.F. now find an even more important and welcome reception in the School of Medicine.

Alumni who desire to put a contribution to the maximum effectiveness might recognize the fact that the A.M.E.F., sponsored by the American Medical Association, returns to the schools of medicine the entire donation made by an individual. All donations should be appropriately marked so that full return to the School of Medicine might be effected.

Your alma mater needs your support. The American Medical Education Foundation needs your contribution today.

The library was fortunate in receiving as a gift from **Dr. Theodore E. Woodward** and **Dr. Charles L. Wisseman, Jr.** three inscribed copies of their book, *Chloromycetin*, in both the English and the Spanish editions. The acquisitions department of the library makes a point of adding to the book collection copies of all known texts and monographs written by members of our teaching and research staff. It is gratifying when, on occasion, such books are received as gifts from the authors rather than ac-

quired by purchase. Although the budgetary saving for the library is greatly appreciated, the tangible interest thus shown by some members of the faculty means far more.

There is now visible progress on the new library building for the medical sciences. The skeleton of the structure at last towers above the high board fence surrounding the southeast corner of Lombard and Greene Streets. Had continued bad weather not interfered, all four floors of the building would have been in place at the beginning of 1959, but storms and low temperatures have caused added delay. Despite this, the building is taking form and beginning to show its ultimate outline and divisions more clearly.

### **1959 Band Lecture Given by Dr. L. O. Jacobson**

DR. LEON O. JACOBSON, Professor of Medicine and Director of the Argonne Cancer Research Hospital of the University of Chicago School of Medicine, was the 1959 Alice Messinger Band lecturer speaking on the topic, "The Control of Red Cell Formation." Dr. Jacobson's lecture was delivered in Gordon Wilson Hall of the University Hospital on March 5th.

The Band Lectureship was established in 1958 in memory of Dr. Alice Messinger Band, a member of the Department of Medicine from 1953 until her untimely death in 1957.

### **Medical Writers Institute**

The second annual Medical Writers' Institute designed to improve the written word of medicine will be held at the Rensselaer Polytechnic Institute in Troy, New York, June 15-17, 1959. The curriculum will include a practical writing

workshop, lectures by leading medical writers, discussion groups in informal sessions, along with personal conferences on writing problems.

Physicians who are engaged in medical writing or who have the responsibility of guiding younger physicians in this endeavor might find the institute of immeasurable value. Inquiries should be directed to Jay R. Gould, Director, Medical Writers' Institute, Rensselaer Polytechnic Institute, Troy, New York.

### **Notice**

The Sixth International Congress of Gastroenterology will be held at Leyden, The Netherlands, April 20-24, 1960. The main theme will be Pathology of the Small Intestine along with discussions of hepatitis, cirrhotic hepatitis and their possible connection. The official language will be English.

### **Maryland Society for Medical Research News**

VOLUME 8 of the *Bulletin of the Maryland Society for Medical Research, Inc.* calls to the attention of practicing physicians and those interested in medical research, the fact that legislation to block interstate shipment of laboratory animals will again be introduced in the forthcoming session of the Congress. This legislation is called the "Burdick" bill which under one name or another has appeared in almost every congressional session. The Maryland Chapter of the National Society For Medical Research serves as a watch dog over the availability of experimental animals for medical research. Current officers of the Maryland Branch include Mr. Ralph E. Edwards, President, Rabbi Abraham Shusterman, Vice President, and Treasurer, Dr. R. Walter Graham, Jr. **Dr. Dietrick C. Smith** is Secretary.

## DR. UHLENHUTH HONORED BY PUERTO RICAN ALUMNI

The following article by Louis Sanchez Capa recently appeared in San Juan's leading newspaper, *El Mundo*.

### Professor from Baltimore Comes on Vacation Invited by Grateful Alumni

THE GENEROSITY of several Puerto Rican doctors made possible for an esteemed German professor, doctored in anatomy, who had never boarded a plane, to take one to make his first visit to Puerto Rico.

That happened to Dr. Eduard Uhlenhuth, 73 years of age, retired Professor from the School of Medicine of the University of Maryland in Baltimore. Dr. Uhlenhuth was invited to spend one week in Puerto Rico by the group of "Maryland doctors" he had taught Anatomy during the years that he was actively teaching.

The idea to bring the professor to Puerto Rico is credited to a group of alumni among whom were **Drs. José M. Torres, Armando Saavedra, José S. Licha, Guillermo Picó, Luis Guzmán-López**, and who with others made the realization of this idea possible.

Who is this professor that deserves such a special treat? The answer has been given to us by Dr. José Manuel Torres.

Dr. Torres tells us that Dr. Uhlenhuth, who retired from teaching in 1954, started to teach Anatomy at the University of Maryland in the year 1925. Through those 29 years, Dr. Uhlenhuth had among his pupils about 60 or 70 Puerto Rican students who today are doctors, the majority of whom are practicing in our island.

Dr. Uhlenhuth always showed special interest in his Puerto Rican pupils. He did not limit his duty as a teacher to help his pupils solve the multiple problems that would normally appear to a group of students who were so far away from home. Specifically, he often took many of those students to his home in Baltimore during Easter, Thanksgiving, and Christmas times. In other words, he invited the students to his home at a time when they most recalled theirs. In this manner he helped the Puerto Ricans that were lucky enough to be in his class to tolerate better their separation from their families.

It is in effect the opinion of the Puerto Rican doctors who were once his pupils in anatomy, that Dr. Uhlenhuth felt a special pleasure and satisfaction as he helped them. He always treated them with respect and distinction.

Dr. Uhlenhuth has obtained prom-



Well-known Puerto Rican alumni gathered about Dr. Uhlenhuth on the occasion of a testimonial dinner given him on January 23, 1959 at Cecilia's Place, San Juan, Puerto Rico.

inence in the field of anatomy. He has to his name numerous articles on thyroid research and other studies on different anatomical aspects of the pelvis. Being German by birth, he came to the United States in 1914, to do thyroid research at the Rockefeller Institute in New York City. In 1925 he began his teaching career at the University of Maryland forming part of the faculty of the Department of Anatomy. It was not long before he was made Professor and Head of the Department.

Already in Puerto Rico his grateful pupils have tried to make Dr. Uhlenhuth's stay in the island as pleasant as possible. Last night, a dinner was given in his honor at Cecilia's Place, Santurce, which was attended by over 35 physicians who were accompanied by their wives. Among them were Drs. **Victor Montilla** and **Perez**, who were the first and last Puerto Rican students taught by Dr. Uhlenhuth respectively.

**Dr. Jose M. Torres** of the Class of 1943, in a letter to the *BULLETIN*, paid further tribute to Dr. Uhlenhuth. Dr. 'Torres' letter is reproduced here:

This is to inform you of an event that recently took place in Puerto Rico. We thought that you would like to know about it and that you would probably agree with us in that it perhaps should be published in the *Alumni News*.

The Puerto Rican doctors who studied under Dr. Uhlenhuth wanted to participate in the honors that this highly esteemed professor has been given since he retired. Dr. Uhlenhuth was thus invited, all expenses paid, to visit our island and spend one week living with us. He accepted and did just that. We believe he had a wonderful time. He was invited to give

a lecture at our School of Medicine in Puerto Rico, and this he did in his usual skillful manner. He spoke to the first year class on "Supporting Structures of the Uterus" and he was pleasantly surprised to see over 15 of his old pupils in the audience.

You will find included a newspaper article about his visit together with a somewhat free translation. Also there is a picture of the group that was present at the dinner.

We are happy that we, in our modest way, contributed to acknowledge the wonderful job that Dr. Uhlenhuth did while at Maryland and to thank him here in Puerto Rico for all he did in favor of the Puerto Rican student.

JOSE M. TORRES, M.D.

### **Public Health Service Announces Change in International Immunization Requirements**

THE division of Foreign Quarantine of the United States Public Health Service has recently issued a revision of the booklet entitled *Immunization Information for International Travel* (Public Health Service Publication No. 384, Revised June, 1958). This interesting and inclusive volume contains all pertinent data relating to immunization requirements of persons traveling abroad. It may be obtained from the Superintendent of Documents, Washington 25, D. C., 30¢ a copy.

### **Doctor Merrill J. Snyder Honored**

Dr. Merrill J. Snyder, Assistant Professor of Clinical Bacteriology, was recently elected president of the Maryland Branch of the Society of American Bacteriologists. Dr. Snyder will serve in this capacity during the year 1959.



1) Mr. James E. Smith, 2) Dean Stone congratulates Mr. James E. Smith on his many years of active service at the University, 3) Gov. Theodore R. McKeldin presents Mr. Smith with gold watch in honor of his long tenure in the service of the School of Medicine, 4) Young Smith as caretaker of the Pathology Museum in 1908, 5) Pathology Department Laboratory as Mr. Smith knew it in 1918. Laboratory was located on the 3rd floor, 1 South Greene Street.

## MR. JAMES E. (EDDIE) SMITH RETIRES

### One of the University of Maryland's Oldest Employees

MR. JAMES E. (Eddie) SMITH, senior medical laboratory technician in the Department of Pathology, retired on March 1 after 52 years of continuous active service to the University of Maryland.

Mr. Smith's tenure included at least five deans, many department heads, and several complete reorganizations of the school.

Eddie was born at High and Granby Streets in Baltimore on August 7, 1892. After his education at Baltimore public schools, he joined the Department of Physiology on September 29, 1907 under the late Dr. John C. Hammeter, having previously served as messenger during the centennial celebration in 1907. He then became assistant to Dr. Hammeter and to the late Dr. Charles C. Conser. Later, he became active with Drs. Littell and Hirsch.

As a youth, Eddie was engaged as a messenger and general helper in the laboratory of the School of Medicine. Shortly after his coming to the University, he participated in the centennial activities, which he remembers with great clarity and detail. Mr. Smith has seen nearly all of the major improvements of the Baltimore campus take place and has witnessed a complete revolution in the appearance of the community.

Commenting on some of the aspects

of the school at that time, Mr. Smith recalls that the faculty in those days served essentially without pay. The school was a proprietary one (owned and operated by the faculty), and the "melon" was never split until the end of the year. At that time, there was considerable speculation as to whether anyone would receive pay. During those days, equipment and supply budgets were rather ephemeral, depending upon the fortunes of the school, since all activities were contingent upon the number of students enrolled.

An expert histology technician, Mr. Smith was long active in the Department of Pathology, serving most of his long tenure under the professorship of Dr. Hugh R. Spencer. Affable, with a good sense of humor, Mr. Smith also maintained a keen interest in the community, being active in politics, although not ever considering seriously the possibility of office for himself. He has been a staunch supporter of good government and has been active in his local community.

On his retirement, Dr. William S. Stone, Dean, complimented Mr. Smith for his long, continuous, and valuable service to the School of Medicine. On February 27th, members of the faculty and classified association tendered Mr. Smith a dinner held at Gannon's Restaurant on Frederick Avenue in Baltimore.

## YOUR SCHOOL NEEDS YOUR A.M.E.F. CONTRIBUTION

*Mail Check to:*

AMERICAN MEDICAL EDUCATION FOUNDATION  
535 N. DEARBORN STREET  
CHICAGO 10, ILLINOIS



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## ALUMNI ASSOCIATION SECTION

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### Representatives, Editorial Board, Bulletin

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(ex-officio)

### Representatives, Advisory Board, Faculty

WILLIAM H. TRIPLETT, M.D.  
ALBERT E. GOLDSTEIN, M.D.  
EDWIN H. STEWART, JR., M.D.

\* July 1, 1958 to June 30, 1959

## President's Letter



*Dear Fellow Alumni:*

In this issue of the BULLETIN you will find the program for the June meeting of the Association, a summary of the actions of the Board of Directors, a list of the various committees, the treasurer's report, names of the various classes, and other items of general interest to the membership.

This will be my final letter to you as president of the Medical Alumni Association. I would like to express my appreciation to all those members of the Board of Directors, and various committee men who have helped to make this one of the most successful years in our history.

During the past year, we have participated in the reorganization of the Editorial Board of the BULLETIN and now have adequate representation on that BULLETIN with active participation by the appointed representatives. We have brought our mailing list up to date and will try to maintain it in good and working condition in the future.

The change in our secretarial staff proved to be a blessing in disguise. Through the efforts of Dr. Triplett, Mrs. Broccoli, and members of the Board of Directors, we have gained approximately 750 new, dues paying, active members. Our total membership at present is 1800.

## ALUMNI ASSOCIATION SECTION

At present, we are attempting to gain a better understanding between the general Alumni Council of the University of Maryland and the Medical Alumni Association. We hope to be able to report progress in this matter at the June meeting. Our committee on awards has selected Dr. Edgar Friedenwald for the recipient of our honor award for this year. I am sure that this selection will meet with the approval of all who were fortunate enough to have had Dr. Friedenwald as a teacher. He has been a very faithful member of the Association for many years and to my knowledge has never missed a meeting.

We can be justly proud of the growth of our school, the improvement in the administration, and high scholastic standing and the participation of our Alumni in the affairs of the school.

We earnestly solicit your attendance at our annual meeting in June. Our banquet last year was one of the most successful we ever had and we expect to make this one equally as good. We need you and you need us.

Sincerely,

HARRY M. ROBINSON, JR  
*President*

### **Doctor Edgar B. Friedenwald Named 1959 Honor Award Recipient**



DOCTOR EDGAR B. FRIEDENWALD, prominent Baltimore pediatrician and Professor of Clinical Pediatrics Emeritus in the School of Medicine, has been nominated the 1959 recipient of the Medical Alumni Association Honor Award and Gold Key.

Doctor Friedenwald, long a devoted member of the faculty of the School of Medicine an honored member of the Baltimore medical community, and a member of one of Maryland's proudest medical families, will receive the award at the annual business meeting to be held in Chemical Hall on June 4th.

A native of Baltimore and the youngest of five sons of Doctor Aaron Friedenwald, he was born into a rich medical and scientific heritage. Raised in the constant atmosphere of medical science, distilled from father and older brothers, he grew up with a clean concept of the exacting requirements demanded of a conscientious, scientific-minded practitioner of medicine. From such preceptorship, a distinguished career could have been in no other field than medicine.

He was educated at Zion Lutheran Parochial School and later at Baltimore City College. He entered the College of Physicians and Surgeons in 1899 and was graduated in 1903, having served previously a junior internship at the Mercy Hospital. A portion of his medical school career was spent as a surgical apprentice under the late Doctor A. C. Harrison.

Doctor Friedenwald later took a position as a mine physician in the coal fields of West Virginia. Following this practical experience, he returned to Baltimore for a year of post-graduate work

in medicine at the Johns Hopkins Hospital. Looking to the future, and with a yearning for specialization, Doctor Friedenwald took his family to Berlin, Germany, where he studied for over a year at Findlestein's Clinic and at the University of Berlin in the Department of Clinical Pediatrics. He returned to Baltimore in 1911 and from that time devoted his entire career to the specialty of pediatrics, becoming Clinical Professor at the University and Chief of the Department at the Mercy Hospital, succeeding the late Doctor John Ruhrah. For a short period of time, Doctor Friedenwald served in the U. S. Army on the Mexican border during the year 1916.

In 1951, Doctor Friedenwald retired from active practice and as head of the Department of Pediatrics at Mercy Hospital. However, he has continued active, being always in attendance at scientific meetings and wherever interesting discussions are taking place. In recent years, he has devoted most of his time to the task of writing a history of pediatrics in the State of Maryland. He has also maintained an active interest in sports, civic affairs and particularly in people. Recently he has given to the Library of the Medical and Chirurgical Faculty his personal collection of almost 200 volumes on the history of pediatrics, including many choice items, to supplement the John Ruhrah collection.

A kind gentleman, a scholar, and a man of tender heart and gentle hands; a loyal alumnus, a physician of great tradition and dignity, and accepted by his fellows and friends with profound respect, Doctor Friedenwald is a fitting candidate for the alumni honor which will be bestowed upon him on Alumni Day.

### **Alumni Day, June 4, 1959**

Culminating the 152nd year of the School of Medicine, the Medical Alumni Association will celebrate its annual alumni day on Thursday, June 4th, 1959.

Registration will be held in Chemical Hall at 9:00 A.M. at which time coffee and buns will be served courtesy of Read's Drug Stores, a well-known Baltimore corporation.

At 10 o'clock, and also in historical Chemical Hall, a scientific program will be held under the sponsorship of the Class of 1934. This will be entitled "What Has Happened in the Past Twenty-Five Years." At 11:00 A.M. there will be a short business meeting which will include the presentation of the annual Alumni Honor Award Gold Key to Dr. Edgar B. Friedenwald, of the Class of 1903. There will be a complimentary luncheon at 12:30 P.M.

The afternoon will be customarily kept open by the association because of the frequency of individual class reunions and receptions. The annual banquet and dance with the presentation of the fifty year certificates will be held at the Lord Baltimore Hotel at 6:30 P.M.

### **Class of 1909 to be Honored**

At the annual dinner, members of the Class of 1909 will receive their 50 year certificates of life membership in the Medical Alumni Association. Expected at the dinner are the following members of the Class of 1909:

### **50 Year Graduates**

#### **1909—University of Maryland**

DR. A. MARVIN BELL  
DR. GEORGE E. BENNETT  
DR. CLARENCE IRVING BENSON  
DR. WILLIAM WARD BRAITHWAITE  
DR. CLARENCE BYTHIELL COLLINS

## ALUMNI ASSOCIATION SECTION

DR. HARRY B. GANTT, JR.  
DR. WILLIAM THORNWELL GIBSON  
DR. SIMON WICKLINE HILL  
DR. JAMES A. HUGHES  
DR. ADAM SEANOR KEPPEL  
DR. WILLIAM WALTER KETTLE  
DR. CLELAND GRANGER MOORE  
DR. JAMES LEFTWICH MOOREFIELD  
DR. CHARLES A. NEAFIE  
DR. JAMES B. PARRAMORE  
DR. WILMER MARSHALL PRIEST  
DR. LYNN J. PUTMAN  
DR. JOEL CUTCHINS RAWLS  
DR. JOSEPH W. RICKETTS  
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DR. JOHN T. RUSSELL  
DR. HUGH W. SMELTZER  
DR. CLAUD C. SMINK  
DR. NEALE SUMMERS STIREWALT  
DR. CHARLES F. STROSNIDER  
DR. ALFRED CHAS. TRULL  
DR. F. HENRY VINUP  
DR. ADAM C. WALKUP  
DR. LEHMAN W. WILLIAMS  
DR. EUGENE BASCOM WRIGHT

### 1909—College of Physicians and Surgeons

DR. MICHAEL ABRAMS  
DR. CHADBOURNE A. ANDREWS  
DR. JAMES D. DINSMORE, JR.  
DR. J. B. DODRILL  
DR. DEWITT FAUCETT  
DR. WILLIAM GREENFELD  
DR. WILLIAM G. C. HILL  
DR. ARTHUR CLYDE KNIGHT  
DR. WILLIAM G. PHILLIPS  
DR. HAROLD HENDERSON TALBOTT  
DR. FELIX M. VILELLA

### 1909—Baltimore Medical College

DR. EDWARD B. BAILEY  
DR. JOSEPH E. BRUMBACK  
DR. JESSE W. CAMPBELL

DR. VIVIAN P. EDWARDS  
DR. REMO FABBRI  
DR. ALLEN GRAHAM  
DR. CHARLES BYRON KORN  
DR. EDWIN R. LEWIS  
DR. EDWARD M. LOONEY  
DR. MORRIS MASLON  
DR. HERMAN F. MCPHERSON  
DR. JUAN S. MORALES  
DR. ARTHUR M. O'CONNOR  
DR. T. E. PATTESON  
DR. CLIFFORD ADDISON SMITH  
DR. MORRIS L. YUBAS

This year the Reception Committee under the capable leadership of Dr. Isadore Kaplan, chairman, includes Drs. Walter A. Anderson, Margaret Ballard, Edmund G. Beacham, Carl W. Ebeling, III, William L. Fearing, George H. Greenstein, Benjamin Highstein, Ernest Leipold, H. Edmund Levin, Joseph E. Muse, Jr., J. Morris Reese, E. Roderick Shipley, David R. Will, Austin Wood, Robert E. Yim, and John S. Fenby.

### Watch For Alumni Party at A.M.A. Meeting

DR. ARTHUR M. KRAUT of 2729 Boulevard, Jersey City 6, New Jersey, has agreed to serve as chairman for the annual alumni reunion to be held in conjunction with the annual meeting of the American Medical Association at Atlantic City, N. J., in June 1959. At this time it is not possible for the BULLETIN to carry full details; however, it is anticipated that the Medical Alumni Association will distribute ample notice of the affair which is usually held on Tuesday of the A.M.A. convention.

Alumni attending the A.M.A. convention should seek the University of Maryland booth and should by all means register.

## Alumni Hold Reception and Oyster Roast on Occasion of Post Graduate Conference in Medicine



As a part of the program of social activities attendant upon the postgraduate conference in medicine held at the School of Medicine January 20-22, the Medical Alumni Association held a most successful oyster roast at the 104th Medical Armory. More than 150 medical alumni and faculty attended.

### North Carolina Alumni Note

The University of Maryland Medical Alumni Association dinner held annually in conjunction with the North Carolina State Medical Convention will be held on May 4, 1959 at the George Vanderbilt Hotel in Asheville, N. C.

Dr. Patricia Dodd of the class of 1944 is chairman of the dinner plans. Arrangements and reservations for the dinner should be made directly with Dr. Dodd.

### Dr. William H. Triplett Honored

#### Promoted to Rank of Brigadier General in Maryland National Guard

DR. WILLIAM H. TRIPLETT, Director of the Medical Alumni Association, prominent alumnus, and a retired Colonel in the Medical Corps, A.U.S., has been recently promoted to the rank of Brigadier General in the Maryland National Guard (retired). In commenting on this honor, Dr. Triplett stated that it came as a complete surprise; however, further

inquiry revealed that the promotion was made by Gen. Milton H. Reckord, Adjutant General of Maryland, with the support and complete approval of Gov. Theodore R. McKeldin.

### REPORT OF THE MEETINGS OF THE BOARD OF DIRECTORS OF THE UNIVERSITY OF MARYLAND MEDICAL ALUMNI ASSOCIATION\*

*September 23, 1958.*

Motion was made that an adequate Treasurer's Report be published in the BULLETIN bi-annually and a quarterly summary of the actions of the Board of Directors also be published.

It was decided to mention the names of the alumni representatives on the Editorial Board, namely, Drs. C. V. Williamson, Franklin Leslie and John Hornbaker, and the members of the Student Loan Fund Committee, Drs. Wetherbee Fort, Ford Loker and D. McClelland Dixon.

The present Committee on the Constitution and By-laws consisting of Drs. Triplett, Reese and H. Robinson to control the tenure of office of alumni representatives on the Editorial Board.

A committee to arrange for the Oyster Roast in January was next appointed, consisting of Dr. Triplett as chairman, and Drs. Morris and Cornbrooks.

It was passed that an outside C.P.A. be employed to audit the books annually and a Finance Committee was formed with Dr. Siwinski as chairman, and he

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\* EDITOR'S NOTE: Beginning with this issue, the BULLETIN will publish transcriptions of the meetings of the Board of Directors of the Medical Alumni Association. Your Board of Directors functions during the interim between the annual meetings and carries on the routine business of the Medical Alumni Association.

## ALUMNI ASSOCIATION SECTION

is to select two members to his committee who are not currently serving on the Board of Directors.

Dr. G. Wells was appointed chairman of the Honor Award Committee and is to select his committee in similar fashion.

The same type of program as was arranged in 1958 for Alumni Day was decided upon—Dr. Shipley as chairman and Dr. Cornbrooks to make the arrangements and be allowed the sum of \$100.00 for expenses.

It was passed that Dr. J. Nataro be appointed local chairman of the Alumni Reunion at the A.M.A. meeting in Atlantic City in June 1959.

The secretary was instructed to write to Dr. Isadore Kaplan inviting him to act as chairman of the Reception Committee on Alumni Day and asking that he select his own committee.

It was decided to hold another Pep Rally in February 1959, to further promote the Student Loan Fund.

The feasibility of procuring a portrait of a Confederate medical officer to be placed in the post-graduate office was discussed.

It was agreed to have a report of the S.M.A. meeting published in the January issue of the BULLETIN.

*October 28, 1958*

It was directed that the Treasurer's report and a summary of the actions of the Board of Directors be published in the January 1959 issue of the BULLETIN.

A sum of \$50.00 was approved for the auditing of the books.

Approval was given to the motion that the Editor of the BULLETIN employ secretarial help either on a full or part time basis.

A sum, not to exceed \$300.00, was approved for expenditure by the Execu-

tive Director for additional help in straightening out the files.

The Board decided to have the Nominating Committee nominate a candidate to serve as a member of the Editorial Board for a term of three years.

*November 25, 1958*

Approval was given to the motion to send double postcards to all alumni in metropolitan Baltimore for the Oyster Roast January 20, 1959.

It was also decided to have the books audited after May 30, 1959.

Dr. Queen was asked to write a summary of the actions of the Board of Directors for the April 1959 issue of the BULLETIN.

The placing of a \$60.00 ad in the yearbook of the School of Medicine was approved.

Dr. Wells, chairman of the committee to select and nominate a candidate to receive the Alumni Honor Award for 1959, reported that his committee had met and unanimously selected Dr. Edgar B. Friedenwald, P. & S. class of 1903. The nomination of Dr. Friedenwald was unanimously approved.

*January 6, 1959*

Dr. Robinson read a letter sent to Dr. Friedenwald asking him to accept the Alumni of the Year Award.

A report of the progress of the Oyster Roast was given.

A report on June week was given by Dr. Shipley and a buffet type of luncheon was discussed.

It was passed that the fiscal year end on the first of May instead of the 31st of May so that the books may be audited and ready for the report to be made on Alumni Day.

J. EMMETT QUEEN, M.D.  
*Secretary*

CLASS NOTES

Class of 1891

**Wessie Price King**, Weston, W. Va., died November 8, 1958 at the age of 88.

Class of B.M.C. 1897

**George Short Emerson** of Fitzwilliam, N. H., died on November 7, 1958 at the age of 87.

Class of P & S 1900

**Julian F. Chisholm, Sr.**, of Savannah, Ga., died on December 13th, 1958 following a long illness. He was 82 years of age. A leader in the medical profession in Savannah for more than half a century, Dr. Chisholm retired in 1953.

Following his graduation from the School of Medicine, he served an internship at the Presbyterian Eye, Ear, Nose and Throat Hospital in Baltimore and later served in the Army Medical Corps during World War I.

Class of 1900

**John C. Wessell** of Wilmington, N. C., is still active in practice.

After a preliminary period of general practice, Dr. Wessell devoted his time to tuberculosis control. Recently, at the annual meeting of the North Carolina Tuberculosis Association, Dr. Wessell was presented with a citation for his work in the prevention of tuberculosis. He also has been the recipient of a bronze medal given for distinctive service, the medal being the only one awarded by the North Carolina Tuberculosis Association during a 40 year period. Now 81 years old and retired, he still maintains an active interest in preventive medicine. Dr. Wessell may be reached at 5303 Wrightsville Avenue, Wilmington, N. C.

Class of P & S 1904

**Harvey Milton Rauch**, Ormond Beach, Fla., died October 1, 1958 at the age of 82, of a heart attack.

Class of 1906

**Edwin Laurence Scott** of Ocala, Fla., died October 10, 1958 at the age of 74, of cancer.

Class of B.M.C. 1907

**Napoleon Bisson** of Waterville, Maine, died November 5, 1958 at the age of 76.

Class of B.M.C. 1910

**Maurice Shamer**, of 3300 W. North Avenue, Baltimore, has recently announced that he will present to the School of Medicine his valuable collection of medical antiquities, including particularly a large and representative set of obstetrical forceps.

Class of P & S 1911

**Francis H. Hutchinson**, who formerly lived at 1168 Hazel Avenue, Lima, Ohio, has now moved to 1137 S. Vega Street, Alhambra, California.

Class of 1914

**Porter B. Vinson**, who is Professor of Bronchoscopy, Esophagoscopy and Gastroscopy at the Medical College of Virginia, writes the following to his friend, **Austin Wood**, on the occasion of the 25th anniversary plans which are going forth now in anticipation of alumni week. Dr. Vinson's letter is particularly

interesting and we reproduce it in its entirety.

"Dear Austin—

"Indeed I do remember graduating with the class of 1914 and I have thought of you and **John Fenby**—and others—many times over the years.

"As my 50th reunion is being celebrated at Davidson this year about the same time as the proposed reunion there, I cannot attend and for my part then I shall look forward to 1964. I hope there will be enough of us left at that time to make a respectable showing.

"I see **Cecil Hassell** every once in a while. . . . I understand that **Richards** has retired, near where I shall retire within the year—in the vicinity of Charlottesville. I shall look him up sometime. My place near the Skyline Drive was formerly owned by a lawyer and I expect to convert the law office into a medical office and see any patients who crave the attention of an 'old doctor.' I'm afraid they won't like me very much, however, because I have never learned to give medicine! . . .

"I hope I shall see you again sometime—it would be a real pleasure.

Sincerely,

PORTER VINSON."

### Class of 1915

**Milton Easley Jones** of Ocean City, Md., died at the Peninsula General Hospital in Salisbury on October 21, 1958 at the age of 70.

**William Brown Burleson**, Plumtree, N. C., died October 2, 1958, at the age of 76.

### Class of 1918

**Harold Chandler Clark** of New Rochelle, New York, died on October 22, 1958 at the age of 65.

### Class of 1920

*Dear Classmates:*

It's been over six months since I last wrote. During that time nothing much has happened except that we are getting older. I am sure each and every one has his own problems in his practice and in his family, some good and some bad. Time is marching on and our real big reunion is in June 1960. At that time we expect every one who is not sick in bed to be present in Baltimore. So keep it in mind and plan ahead.

Now for the news, some good, some bad. In early November at the meeting of the Southern Medical Association in New Orleans, quite a few of our boys were there. We had an alumni party which was well attended. Those present included **Rhea Richardson** and his pretty wife from Macon, Georgia. He looks as young as when in school. He has grown boys, one an M.D. They flew on to Mexico for fun. **Waldo K. McGill** came in for a couple days from Clover, S. C. The Reverend looks well and young.

**Paul Knotts** and his wife were present as usual. Paul was Chairman of the General Practice Group and did a swell job. He too looks young, even though he is a hard working practitioner. **Phil Artigiani** was also present. Arty looks fine and recently moved his office to his home.

**Morris Reese** also was present. He had a swell time and he knew

all the alumni, so it was a home-coming.

The alumni under **Dr. Harry Robinson, Jr.** is doing a bang-up job. They have put it on a real workable basis financially and otherwise. They have Maryland Clubs in the various states which have alumni meetings at the various state annual meetings. So you boys who don't belong send in your six bucks, which gives you the Journal—send it to Medical Alumni, U. of Md., Greene and Lombard Sts., Baltimore 1, Md. Also you boys must write me and give me the news about your families, so I can get it in the BULLETIN.

**Ben Gold** who lives in Shelby, N. C., has been on the retired list for some years—well, as if that wasn't enough, he got involved in an automobile accident and lost a leg. He is doing O.K. now.

In my last letter, I did not know we had lost **Nick Lombardi**. I understand he died in February. He had been sick for quite a few years. We are going to miss the Count. While in Dallas last June at the Rotary Convention, I ran into a gentleman from India. I asked if by any chance he knew a **Dr. Hakim**—Well, you can imagine my surprise when he did. He lived in his city. He said that **Merwani Ratlanshi** had died two years before—was a very able practitioner for many years—so now I know about my sidekick. **Charles Burton** is now in Veterans Hospital, Lake City, Florida, as the Chief Surgeon. **Fred B. Smith** has moved into a new home at 4 East 39th Street, Baltimore—near Homewood. Now he can do all the painting he likes.

**Comas** was in town last fall—brought up a nephew to go to school. He called me, but I wasn't home—so better luck next time. Letter from **Quintero** from Puerto Rico finds him not in good health—has a heart ailment, but he is still working, so that's good—let us hear from you again, Ernesto. While we are on the subject of Puerto Rico—**Cardona**, what about you—what's going on—also **Barnabi**—you finally got married—what's doing? Also would especially like to hear from **Underwood**. Ran into a man down in Florida who told me about him and it's all good. How about it, Harold, drop us a note. Also **Mackey**, your old sidekick—do the same thing. We are getting older—let's get closer—let's all you boys drop me a note *pronto*. After sending mail to **Abe Martin** at the wrong address, I finally got his correct address in Charlotte. As far as I know, all the boys in Baltimore are well.

Sincerely,

AL HOLDEN

#### Class of 1925

**Bernard Friedman** of New York City, died on October 22, 1958 at the age of 65.

#### Class of 1926

**Francis Joseph Geraghty** of Baltimore, Maryland died on November 1, 1958 at the age of 60.

#### Class of 1928

**Hugh Alvin Bailey**, Charleston, W. Va., died on October 25, 1958 at the age of 57 following an operation for cancer of the lung.

**Class of 1929**

**Jacob J. Conn** has recently been named a member of the Board of Directors of the International Society for Clinical and Experimental Hypnosis. Doctor Conn is also a member of the Board of Governors of the American Board of Clinical Hypnosis.

**Class of 1930**

**Vernie Emmett Mace**, age 61, died at his home on November 23, 1958.

**Class of 1931**

**Joseph Friedman** of Baltimore, died October 4, 1958 at the age of 56.

**Class of 1932**

**Carl R. Ahroon, Jr.**, a Bloomington (Ill.) physician for 23 years died on August 30, 1958 following a heart attack which occurred on August 18th.

A native of Baltimore, he received his B.A. degree from the Johns Hopkins University in 1928, graduating from the University of Maryland School of Medicine in 1932. Following an internship and assistant residency at the University Hospital, he conducted general practice for a while at Ellicott City, Md., moving from there to Bloomington. During World War II he served as a Commander in the Medical Corps, U. S. Navy. He was a member of the A.M.A., the Illinois State and the MacLean County Medical Societies, and the American College of Allergists, the American and Illinois Heart Associations, the American Pneumismatic Association, the College Alumni Association, the Rotary Club, the American Legion, and the Bloomington Country Club.

**Class of 1933**

**Benjamin Miller** is currently Director of the Radiology Service of the United States Veterans Administration. Dr. Miller has been recently elected a Fellow of the American College of Radiology. He may be located at 4469 Sedgwick Street, N.W., Washington, D. C.

**Maurice L. Stern** was recently interviewed by *Scope Weekly* concerning his opinions as to what research for better medical care will hold open to the general practitioner.

Despite a busy general practice, Dr. Stern has been able to enter into some phases of clinical research and has been a continued and keen observer, laying particular emphasis on the importance of the clinical and physical examination. In his comments, Dr. Stern quoted a reference to Dr. Maurice C. Pincoffs, whom he gave credit for great emphasis in the use of the senses in clinical diagnosis.

Dr. Stern is at 68-09 Clyde Street, Forest Hills, N. Y.

**Class of 1936**

**Joseph L. Stecher** has announced the removal of his office to 1219 Kuhl Avenue, Orlando, Florida.

**Class of 1937**

**Elton Resnick** was recently appointed Vice President of the Medical Staff and Director of the Department of General Practice at the Wilmington General Hospital, Wilmington, Delaware. Dr. Resnick lives at 2118 Washington Street, Wilmington 2, Delaware.

**I. Phillips Frohman**, general practitioner of Washington, D. C., continues his activity in clinical investigation. Dr. Frohman is the recent author of papers

entitled, "Tranquilizers in General Practice and Clinical Evaluation of Deserpidine, An Alkaloid of Rauwolfia" (*Medical Annals of District of Columbia*, Dec. 1958), and "Patients Should Tell the Truth" (*Saturday Evening Post*, Feb. 21, 1959). In addition, Dr. Frohman has recently delivered two lectures, one entitled "Medical Writing," presented at the Washington Hospital Center in Washington, D. C., and a paper presented on March 18, 1959 entitled "The Role of the Private Physician in Detection of Cancer of the Breast and Lung," this paper presented by invitation of the Hartford (Conn.) Medical Society and the Connecticut Cancer Society and Health Department.

#### Class of 1938

**Dr. John Z. Bowers**, Dean of the School of Medicine, the University of Wisconsin, was recently a visitor to the medical school campus.

#### Class of 1940

**R. C. V. Robinson** attended the 62nd Annual Meeting of the Southern Medical Association. Other members of the class also present included **Ross Pierpont** of Baltimore, **Benjamin Inloes** of Newport News, Va., and **C. L. Richter** of Baltimore.

**Schuyler Kohl** of 31 Whig Road, Scarsdale, New York, is Associate Professor of Obstetrics and Gynecology of the School of Medicine of the State University of New York.

#### Class of 1941

**Stanley E. Schwartz** has been recently promoted to Associate Visiting Surgeon at the Mount Sinai Hospital, Miami Beach, Fla. Dr. Schwartz's prac-

tice is limited to general surgery. He has offices at 420 Lincoln Road, Miami Beach, Fla.

#### Class of 1942

On Wednesday, December 10, 1958, **John C. Osborne** succumbed to a heart ailment at the age of 42.

Dr. Osborne started his education at Calvert Hall and Loyola College and prepared for his medical profession at the University of Maryland School of Medicine, where he was graduated in 1942.

After a year as an intern and during his residency in Medicine at Mercy, Dr. Osborne was ordered to active duty in the Army. During his military service Dr. Osborne commanded an ambulance evacuation unit which participated in the battle of New Guinea, the invasion of the Philippines and the occupation of Japan. For his role in the Philippine campaign, Dr. Osborne, then a Major, was awarded the Bronze Star.

Following his separation from the Army, Dr. Osborne and his wife, the former Frances Martin, returned to the Hamilton section of Baltimore where Dr. Osborne lived since his boyhood. Pursuing the general practice of medicine, Dr. Osborne soon was engrossed with the well-being of his community. Besides being recognized for his professional skill, Dr. Osborne was one of the most popular men in his profession. His death has prompted an amazing number of calls and letters from people who wished to express their appreciation for some kindness they had received as patients or friends. He will always be remembered by his patients and associates for his deep faith and charity.

Everyone at Mercy joins in extending heartfelt sympathy to Dr. Osborne's parents, wife and children. We mourn

with you the loss of a fine doctor, a warm friend and a real gentleman.

—from the Mercy Hospital  
(Baltimore) *Scope*

**Louis O. J. Manganiello** of Augusta, Ga., is active in the Department of Neurological Surgery in the Medical College of Georgia, where he is Associate Clinical Professor of Neurologic Surgery. A former resident at the University Hospital, Dr. Manganiello is a Fellow of the American College of Surgeons and a Diplomate of the American Board of Neurologic Surgery. He lives at 1467 Harper Street, Augusta, Georgia.

### Class of 1943

**J. Roy Guyther** of Mechanicsville, Maryland, has been engaged in general practice in St. Mary's County, Maryland, since 1948. Dr. Guyther is currently serving as President of the Maryland Academy of General Practice. (EDITOR'S NOTE: Another young Maryland alumnus, Dr. Frank A. Shallenberger, Jr. of the Class of 1946, also serves as an AAGP State president—See Jan. 1959 BULLETIN.)

**Nathaniel Sharp** of 1801 Eutaw Place, Baltimore, Md., was recently certified as a specialist by the American Board of Orthopedic Surgery. Dr. Sharp serves as Assistant Medical Director at the James Lawrence Kernan Hospital for Crippled Children in Baltimore. He is also consulting orthopedic surgeon at the Cambridge, Maryland, Hospital.

### Class of 1944

**Patricia Dodd** has her offices at 211 Doctors' Building in Asheville, N. C. Dr. Dodd served as chairman of the annual alumni dinner held in conjunction with the North Carolina State Medical Convention.

**Philip H. Lerman** was recently inducted as a Fellow of the American College of Surgeons. Dr. Lerman, who limits his practice to Urology, resides at 358 S. Oyster Bay Rd. in Hicksville, N. Y.

The Class of 1944 will have a 15th year reunion on Alumni Day, June 4, 1959.

A committee consisting of Drs. **Warren Brill** of Washington, D. C.; **F. X. Paul Tinker**, **R. A. Cowley**, **Eugene Riley**, **Wm. H. Mossberg** and **Wm. Carl Ebeling**, all of Baltimore, are working to formulate plans. Members of the class are invited to send suggestions to assist in the planning.

Efforts will be made to contact each individual classmate as plans develop. If the Alumni Office does not have your correct address, please be sure to send it to either the Alumni Office or to a member of the reunion committee mentioned above.

Let's have a big turn-out on June 4!

WM. CARL EBELING, *Chairman*  
*Reunion Committee*

### Class of 1945

**Joseph M. White** is serving as Medical Director of the Warner-Chilcott Laboratories, a division of Warner-Lambert Pharmaceutical Co., Morris Plains, N. J. Dr. White participated in the activities of the recent meeting of the Southern Medical Association held in New Orleans during the month of November 1958.

### Class of 1946

**Joseph Workman**, who heads the Isotope Laboratory at the School of Medicine, was recently a part of a symposium on Radioisotopes in Medicine sponsored by Atomic Associates, Inc. and the Baird-Atomic, Inc., held at the

Hotel Statler in New York City on November 14, 1958. Dr. Workman spoke on Practical Aspects of a Hospital Radioisotope Program.

#### Class of 1947

**J. W. Blevins** is practicing full-time industrial medicine as Director of the Instrument Department of the General Electric Co. in Lynn, Mass.

Dr. Blevins recently contributed to the General Educational Fund of the School of Medicine by way of the General Electric Co.'s policy of matching the contributions of alumni.

In a letter to the School of Medicine, Dr. Blevins stated "I am sending this (his contribution—Ed.) direct, rather than through the American Medical Foundation so that it will be eligible for the matching funds of the Corporate Alumnus Program of the General Electric Co. If you will have Form B of the enclosed (General Electric Co.) form filled out by the appropriate official and send it to the address at the bottom of the form, you will receive a sum equal to my contribution from the General Electric Co.

"I have enjoyed reading the BULLETIN, especially the increased amount of news about the alumni. I think the BULLETIN has increased in quality and interest during the last few years. Keep up the good work."

#### Class of 1948

**F. J. Theuerkauf, Jr.**, of 158 W. 8th St. in Erie, Pa., has been recently entered as Fellow of the American College of Surgeons.

#### Class of 1949

It is called to the attention of all members of the Class of 1949 that their first decade of postgraduate medical life

is drawing to a close. June 1959 is a significant milestone for our class and it is time for us to celebrate and take stock of ourselves.

A nearly complete attendance of this class is expected at the Alumni Banquet on June 4. In addition, it is planned that a special class party be arranged by members of our class residing in the Baltimore area.

Those of us who have changed their address are requested to inform the alumni office of such changes in order that they may continue to be informed.

#### Class of 1951

**F. Robert Perilla** is currently serving as Chief of the Department of Radiology at the Saint Agnes Hospital in Baltimore. Dr. Perilla is also associated with **Dr. Richard A. Sindler** (Class of 1952) in the private practice of Radiology with offices in the Medical Arts Building in Baltimore.

#### Class of 1952

**Ursula T. Slager** was recently certified in Pathologic Anatomy by the American Board of Pathology. Dr. Slager is Pathologist at the Los Alamos Medical Center, Los Alamos, New Mexico.

**Andrew J. Devlin**, who lives at 3411 W. Garland, Spokane, Washington, is active in the practice of obstetrics and gynecology.

**Richard A. Sindler** has been certified by the American Board of Radiology. Dr. Sindler served his residency at the Johns Hopkins Hospital. During his period of military service, he was Chief of Radiology at the Clark Field U. S. Air Force Hospital in the Philippines. Dr. Sindler is now in private practice with offices in the Medical Arts Building

*Continued on page xxviii*

**TEAR OUT**

TO THE BULLETIN:

[illegible]

Name \_\_\_\_\_

Address \_\_\_\_\_

Class \_\_\_\_\_

**Bulletin—School of Medicine**  
**University of Maryland**  
31 S. Greene St.  
Baltimore 1, Md.

## Interesting Historic Photographs

in Baltimore. He has as an associate, **F. Robert Perilla** of the Class of 1951. Drs. Sindler and Perilla together operate the Department of Radiology at the Saint Agnes Hospital, Dr. Perilla serving as Chief of the Department.

#### Class of 1953

**Hugh V. Firor** will complete his assistant residency in General Surgery at the Yale University and Grace New Haven Community Hospital on July 1, 1959. Dr. Firor has been appointed senior resident in Surgery at the Veterans Administration Hospital, 1099 Clermont Street, Denver 20, Colorado, and will commence his duties there on July 1, 1959.

#### Class of 1954

**Robert S. Goldsmith**, Captain, Medical Corps, U.S.A., was recently graduated from the resident training program at the Walter Reed Medical Center in Washington.

One of 17 physicians in the graduating group, Captain Goldsmith was assigned to the Army Institute of Research located at the Walter Reed Army Medical Center.

Dear Classmate:

Thank you for your answers to our letter concerning the class reunion. Eighty-six letters were sent out and 49 replies have thus far been received (57%). We are still trying to locate other members—many of whom were in the service.

Perhaps you'd be interested in some statistics from this 57%.

It appears at the end of five years, of the 49 persons who answered:

41% are in general practice.

59% are still in specialty training with surgery having a slight edge over the other specialties.

78% are married and three-fourths of these have two or more offspring.

These statistics will become more accurate when more letters come in, so keep writing and let us know the whereabouts of others.

We're looking forward to seeing you on Alumni day June 4th, at the luncheon and at the CLASS OF '54 REUNION PICNIC JUNE 6TH AT THE BESSMAN FARM.

Sincerely,

**David Levy, M.D.**

*Resident in Medicine  
University Hospital*

**Robert E. Yim, M.D.,**

*Director of Nurseries, Uni-  
versity Hospital, Baltimore,  
Md.*

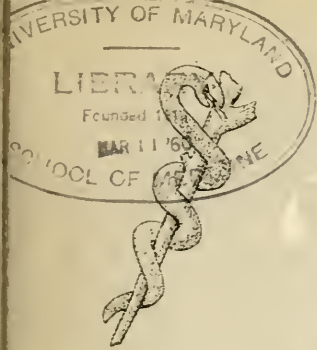
**Irwin H. Moss** of 5836 Baltimore National Pike in Baltimore has recently returned from a three-year tour of duty in Japan as a flight surgeon for the U. S. Air Force. Dr. Moss is now engaged in general practice at his address.

#### Class of 1955

**William Dvorine** has been recently appointed Chief Resident in Dermatology at the Manhattan Veterans Administration Hospital, New York. Dr. Dvorine lives at 408 First Avenue, New York City.

#### Class of 1957

**Donald W. Rairigh** is now located at 3166 Parkridge Crescent, Chamblee, Georgia. Dr. Rairigh writes, "I look forward to getting these (THE BULLETIN) with news and articles of my friends at Maryland. I would hate to miss any."



# Bulletin

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*Policy*—THE BULLETIN OF THE SCHOOL OF MEDICINE UNIVERSITY OF MARYLAND contains scientific articles of general clinical interest, original scientific research in medical or related fields, reviews, editorials, and book reviews. A special section is devoted to news of Alumni of the School of Medicine, University of Maryland.

*Manuscripts*—All manuscripts for publication, news items, books and monographs for review, and correspondence relating to editorial policy should be addressed to DR. JOHN A. WAGNER, *Editor*, BULLETIN OF THE SCHOOL OF MEDICINE, UNIVERSITY OF MARYLAND, 31 S. Greene Street, Baltimore 1, Md. Manuscripts should be typewritten double spaced and accompanied by a bibliography conforming to the style established by the *American Medical Association Cumulative Index Medicus*. For example, the reference to an article should appear in the following order: author, title, name of journal, volume number, pages included, and date. Reference to books should appear as follows: author, title, edition, pages, publisher, and date published. A reasonable number of illustrations will be furnished free.

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*Alumni Association News*—The BULLETIN publishes as a separate section, items concerning the University of Maryland Alumni and their Association. Members and friends are urged to contribute news items which should be sent to Dr. John A. Wagner, *Editor*, BULLETIN OF THE SCHOOL OF MEDICINE, UNIVERSITY OF MARYLAND, 31 S. Greene Street, Baltimore 1, Md.

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*Advertising*—The BULLETIN accepts a limited number of advertisements. Rates may be obtained upon application to Mr. William J. Wiscott, Managing Editor, 3722 Greenmount Avenue, Baltimore 18, Md.

# *Bulletin* OF THE SCHOOL OF MEDICINE UNIVERSITY OF MARYLAND

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VOLUME 44

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## Mental Illness and Medical Research\*

JOHN C. KRANTZ, JR.†

WHEN Benjamin Franklin was in England the parliament was composed of three estates, the Lords Common, the Lords Noble and the Lords Temporal. Sir Edmund Burke, standing on the floor of that deliberative body, pointed his finger to the gallery, where sat the gentlemen of the press. He called them the "fourth estate" and declared that they were likely to play a more important role in the history of mankind than any of the other three. Burke was unmindful of the fact that there was in England, in the person of Benjamin Franklin, an exemplar of a new estate, the fifth estate, men of science, architects of progress. This estate was destined to remold the character of man's life upon this planet.

What was there about the scintillating intellect of Benjamin Franklin which prompted the people of England to assert, "When Franklin died an American University with all of its colleges closed its doors." And simultaneously the French declared, "An American library

with all of its books was closed." There were four principal facets to the mind of Benjamin Franklin: he had the simplicity to wonder, the ability to question, the power to generalize, and the capacity to apply.

James Russell Lowell expressed the spirit and service of the scientific mind when he penned:

"New occasions teach new duties,  
Time makes ancient good uncouth.  
He must onward still and upward  
Who would keep abreast of truth."

Rudyard Kipling characterized the fine art of scientific thinking when he wrote:

"I have six faithful, serving men  
That serve me till I die,  
Their names are who, and what, and when,  
And how, and where and why."

The spirit of scientific endeavor invaded the field of medicine. In 1776, William Withering, that astute English physician, discovered the use of digitalis in the treatment of certain diseases of the heart. One can hear him now as his timeless words echo down through the corridors of the past. "With this drug we can regulate the pulse at will and to the salutary ends of our patients." With digitalis today millions of Americans are able to carry on useful economic work; without it they would be bedridden or dead.

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\* An address delivered on April 21, 1959, on the occasion of Open House Week, to the staff and friends of Springfield State Hospital, Sykesville, Md.

† Professor and Head of Department of Pharmacology, Medical School, University of Maryland, Baltimore, Md.

In 1807 the young German apothecary, Serturmer, isolated morphine from opium and with it man was to achieve a surcease from the ravages of pain. Other useful drugs have taken their place alongside of morphine in the conquest of pain.

The dentist, W. T. G. Morton, administered ether in 1846 to a surgical patient of Dr. John C. Warren in the Massachusetts General Hospital. When the patient, Mr. Abbott, went under the influence of ether, Morton asserted, "Dr. Warren your patient is now ready," and Dr. Warren declared to the skeptical audience, "Gentlemen, this is no humbug, Mr. Abbott is fast asleep." Perhaps nothing in the realm of human endeavor has contributed more to human happiness and quelled more suffering than the discovery of anesthesia. It has made modern surgery possible.

Joseph Lister appeared on the scene of medical progress in the latter half of the 19th century. With the use of carbolic acid and his aseptic surgical techniques, it is estimated that in one generation he saved the lives of more men than were killed in all of the Napoleonic wars.

In 1910 that brilliant German investigator, Paul Ehrlich, stood before a great medical congress and declared, "I have a drug that will cure a mouse of syphilis and I shall make another that will cure a million men." This statement portended the coming of Salvarsan 606, which heralded the death knell of the syphilitic organism and brought about a new era in the treatment of infectious diseases.

Banting and Best scored their shining mark in the discovery of insulin in 1921. And a million diabetics were to have a longer and fuller life.

Other signal advances may be cited, the discovery of the use of liver in per-

nicious anemia by Minot and the discovery of penicillin by Fleming, followed by a host of useful anti-infective drugs. Suffice it to say that the application of the scientific method to the practice of medicine has increased the life expectancy from 21 years at the time of the Roman Empire to 46 years in 1900, and to 71 years in 1959.

During this entire period of advance the treatment of the mentally ill has not kept abreast of progress in other fields of medicine. Let us consider the scope of the problem and some of the difficulties with which it is fraught.

Mental illness and its treatment are one of the major problems of society. For its solution man anxiously awaits advances in the medical and social sciences directed toward this end. To emphasize the vastness of this problem one needs only to state that approximately 50% of the hospital beds in the United States are occupied by mentally ill patients. In this country nearly 200,000 people annually are affected by mental illness. The cost of this affliction to the American taxpayer is approximately 1.2 billion dollars, to say nothing of the loss of productive work, and the anguish and emotional trauma which is entailed by the illness of the mind. Sixty per cent of them are released the first year, some to return later; 5% are released after two years, but only 1% is released thereafter. The remainder are kept under hospital care for an average period of 26 years.

Implicit in the statement of these data is the fact that adequate treatment in the field of mental illness has lagged behind the treatment of other major illnesses such as diabetes and pernicious anemia. Indeed it has been eclipsed by treatments in other diseases of the brain such as epilepsy and Parkinsons' disease. To this

observer there are two principal reasons for the present deficit in the treatment of mental illness.

First, this problem is more difficult to solve than many other problems of disease process. It involves the complex problem of consciousness, awareness of surroundings, and human relations. That the millions of living cells in the brain are the site of consciousness is one of the most baffling and yet most intriguing problems in all of the biological and medical sciences. It is the only organ which has the capacity to learn and be modified by past experiences. It is the principal organ of the body to bear the impact of reality and the stress and strain of a highly competitive society. It alone, through contacts with people and the inanimate objects of one's environment and with its own inherited traits, develops the personality complex of an individual. Finally, the brain is posed with the stupendous task of solving its own problem. Therefore may I assert that the problem of mental illness is unique among the challenges which confront man.

The second reason for the lag in research in mental illness has been the lack of adequate money and manpower. Until the close of World War II the funds available for all medical research were meagre. And especially is this true with regard to mental illness where the costs of skilled medical scientists and the care of patients are extremely high. Now more money and more men are available, but certainly not enough to meet the tremendous human challenge which the problem deserves.

Despite the complexity of the problem and the lack of funds and personnel for research in the field of mental illness many definitive gains have been made. Let us consider some of our gains.

The use of insulin shock, now referred to as insulin coma, introduced by Sakel in 1929, has been of definitive value in the treatment of schizophrenia. Despite the fact that the procedure has many limitations, a small segment of schizophrenics are definitely improved by the application of this treatment.

Electroshock therapy in mentally depressed patients has definitely proved its value. In severe mental depression, by the use of drugs and psychotherapy a hospitalized patient may achieve sufficient improvement for release from the hospital in 18 to 24 months. With electroshock therapy this period is frequently reduced to 3 months. By the concomitant use of mild anesthesia and muscle relaxants, much of the fear and dismay associated with shock therapy has been dispelled. Two years ago, in seeking better agents to be used as anesthetics, we discovered a convulsive agent now known as Indoklon. Its use avoids electroshock therapy entirely and produces results which in all respects are tantamount to electroshock therapy, and in some respects seem superior to the gains achieved by shock therapy.

The greatest stride which has been achieved in recent years lies in the development and use of the antipsychotic drugs commonly called the ataractic drugs, calming or tranquilizing drugs. Not only have these drugs been of great benefit in the control of mentally disturbed patients but they serve as tools to explore the intricacies of the normal and disturbed mind.

About a decade ago a chemist named Albert Hofmann, while working with some of the derivatives of the old obstetrical drug ergot, inadvertently ingested some of the dust from a derivative known as lysergic acid diethylamide or LSD<sub>25</sub>. He experienced vertigo and blurring of

his mental alacrity. He took a small quantity of LSD<sub>25</sub> and experienced delirium dizziness and a display of phantastic images and rapidly changing colors. The syndrome in some respects resembles the disturbed mind of the schizophrenic patient.

It was soon discovered that a chemical substance found in the brain called serotonin, related chemically to LSD<sub>25</sub>, could terminate the schizophrenic-like symptoms produced by LSD<sub>25</sub>. Related chemically to the normal brain constituent, serotonin is the interesting Indian drug reserpine. This drug has been used for years in Indian medicine in the treatment of the mentally ill. It was soon discovered that reserpine used in the treatment of the psychomotor turbulence of schizophrenia achieved its action by displacing serotonin from its sites of deposit in the brain.

Reserpine was followed by chlorpromazine, which likewise acts definitively upon certain brain constituents, producing tranquil states in agitated patients. Chlorpromazine chemically is a phenothiazine derivative. The organic chemist has not been slow in producing many modifications of this drug. Among these anti-psychotic drugs are Sparine, Trilafon, Pacatal, and a score of other agents which have broadened the spectrum of therapy in mental illness and have enabled the patient to receive benefit with a minimum of disagreeable side effects.

Furthermore, we now have drugs which greatly benefit depressed patients, similar to the manner in which reserpine and chlorpromazine tranquilize the psychomotor agitation of mental illness. One of these drugs is Marsilid, which is generally referred to as a "psychic energizer." This drug lifts the patient's mood, brightens the spirit, and aids him in taking an active and positive interest in the affairs of life. Marsilid is a valuable tool in conjunction with shock therapy in the treatment of the depressed patient.

Finally it has been shown that definite strides in the therapy of mentally ill patients have been made during the past decade. Much more research is required. We must not delude ourselves in believing that this new foray of tranquilizing drugs has checked the mighty forces which stir the troubled waters of mental illness. They have only given us oil to quell them. We know very little about the fundamental cause of the illness which fills half of our hospital beds. At present we have been hacking away at the branches of this tree of evil, human mental illness; in the future we set as our goal the severance of its roots from soil.

As one views man's greatest problem, that of mental illness, he is reminded of those words of Tennyson:

"Thou hast not gained the height  
Or art thou nearer to the light  
Because the scale is infinite."

# Intracutaneous Reactivity to Tuberculo-protein

MILTON B. COLE, M.D.\*

THE recently increased interest in the tuberculo-protein intracutaneous test for the diagnosis of tuberculosis is the result of a gradually growing realization among clinicians that a valid interpretation of the test is dependent upon an understanding of the possible influence of multiple factors. It is the purpose of this review to present the considered opinions of the responsible clinicians in this field concerning these factors.

Various techniques have been introduced into use as tests for reaction to tuberculo-protein. Among these are the intracutaneous skin test (Mantoux), the patch skin test (Vollmer), the scratch test (von Pirquet), the multiple puncture single-procedure test (Heaf), and the disk-method test (Rosenthal). In adults the Mantoux test is the most popular and preferred.

It is generally assumed that the performance of the Mantoux test is relatively easy. Indeed, this is so, provided that care is exercised to use a properly fitting plunger, syringe barrel, and No. 25 or No. 26 needle, in order to prevent leakage. Penetration should be intradermal rather than subcutaneous, thus preventing the lymph system from carrying away the tuberculo-protein from the injection site. This care minimizes technical error and reduces the possibility of the occurrence of constitutional symptoms, the inherent danger being apparent if the dose and inherent sensitivity are

exceedingly large.<sup>57</sup> Appearance of a wheal should occur on the skin of the flexor surface of the forearm and is suggestive, but not conclusive, of proper technique. Readings are made at 48 and 72 hours with the accepted criterion for a positive reading being an *induration* of greater than 10 mm. for Old Tuberculin (OT) and greater than 5 mm. for Purified Protein Derivative of Tuberculin (PPD). Erythema alone is insufficient. However, Marks, Tokuyama, and Peterson<sup>45</sup> recommend an infiltrated area greater than 8 mm. for mass screening for the PPD test to be considered positive on the basis of a five year pilot study of approximately 17,000 Honolulu school children.

Either OT or PPD may be used to perform the intracutaneous test. Both are produced commercially under controlled conditions. PPD is grown on a protein-free synthetic medium and is considered to lack the foreign sensitizing antigen present in protein. In addition, the antigenicity of the tuberculo-protein has been reduced. It was hoped that PPD would be less likely to produce false positive reactions than commercial OT<sup>57</sup> and that its use would result in a reproducible reaction. However, initial results (5-6 cases) of a comparison presently being conducted by Wier and his co-workers (preliminary report cited in<sup>77</sup>) of two different lot numbers of commercial PPD produced by the same manufacturer revealed a 100% variation in the size of the reaction without occurrence of reversion. Similar tests of commercial OT and a comparison of OT and

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\* From Section for Pulmonary Diseases, Dept. of Medicine, School of Medicine, University of Maryland, Baltimore, Md.

PPD undoubtedly would yield results which may resolve some of the existing uncertainty about these products.

The National Tuberculosis Association<sup>73</sup> recommends a single-procedure intradermal test with the intermediate dose (0.0001 mg.) of PPD. The recommended first and second doses of OT are 0.01 mg. and 1.0 mg., respectively, with the latter dose equated by clinicians to second strength (0.005 mg.) PPD. Either intermediate strength PPD or 0.01 mg. of OT, with the latter being followed, if negative, by a terminal dose of 1.0 mg. of OT, are used in screening and control programs.<sup>57</sup> However, some investigators consider no individual case to be negative, unless there is no reaction to 3.0 mg. of OT. Still others such as Rich<sup>57</sup> consider no case genuinely negative unless there is no reaction to 10.0 mg. of OT. For individual case diagnosis he suggests 0.1 cc. of 0.01 mg. of OT, less (0.001 mg.), if tuberculosis is suspected, in order to minimize occurrence of a focal or systemic reaction. If this reaction is negative, subsequent injections of OT are increased tenfold until 10.0 mg. of OT have been given without reaction before the test is considered truly negative.

According to Furcolow and his co-workers,<sup>24</sup> false positives and nonspecific reactions may occur if larger doses than 0.001 mg. of PPD are used. Control injection of the medium alone in the same concentration should be used to detect false positive reactions because of the irritation caused by the medium. Similarly, a negative test is not indicative of lack of hypersensitivity until normal skin reactivity has been demonstrated to nonspecific irritations by means of intradermal injection of a small amount of codeine (0.1 cc. codeine sol., 1:1000 dilution).<sup>54</sup>

Apparently the problem of whether to use a single-procedure intermediate strength PPD or first and second strength PPD still exists with the clinician.<sup>41</sup> In view of the possibilities of the lack of standardization,<sup>77</sup> of nonspecific reactions and false positives<sup>24</sup> and for obvious practical considerations, the use of intermediate strength PPD is undoubtedly preferred in mass screening and control programs. Whether or not to use intermediate strength PPD for individual case diagnosis is another matter and should depend on the facts of each case as well as the particular objective of the clinician.

Lester and Atwell<sup>41</sup> tested 624 patients with "evidence of pulmonary tuberculosis on roentgenography" of which 21.7% were nonreactive to first strength PPD, 8.7% were nonreactive to intermediate strength PPD, and .005% were nonreactive to second strength PPD. These investigators concluded that higher doses than intermediate strength PPD were justified in the diagnosis of pulmonary tubercular lesions, and, indeed, many clinicians subscribe to this view.<sup>66, 77</sup>

The investigations of Wier and Schless<sup>77</sup> revealed 18 (5.6%) of 321 patients admitted with active tuberculosis who were nonreactors to intermediate PPD but with second strength PPD gave reactions greater than 10 mm. induration. Nine of these 18 patients with negative reactions to intermediate strength PPD subsequently were diagnosed as active tuberculosis, four cases of which showed positive cultures and one subsequently confirmed as such on surgery. The remaining four of the nine cases were diagnosed as presumptive active tuberculosis on clinical grounds alone. The additional nine cases were positive to second strength PPD *without*

tuberculosis after being negative to intermediate strength PPD. Thus, the *false positive rate* equalled the valid positive rate and so rendered the addition of second strength PPD suspect.

A few cases of what appears to be pulmonary disease caused by atypical chromogenic acid-fast bacilli have been reported in the literature<sup>4, 7, 13, 17, 22, 25, 27, 55, 58, 75</sup> from about 1930 to 1954. Since this latter date, however, evidence has been gradually accumulating that a pulmonary disease which resembles tuberculosis is produced by "atypical" acid-fast organisms which in some instances do not give positive reactions to intradermal injections of tuberculo-protein<sup>42</sup> but do so with tuberculin made from those same organisms.<sup>65</sup>

There are two general types of widespread atypical tuberculosis. Each is associated with a particular type of atypical organism—Group I, the photochromogens, and Group III, the non-photochromogens. Both groups have been found in the midwest around Chicago and in the southern states of Georgia, Alabama, and Florida. Group I, the photochromogens, dominate in the former area, whereas Group III, the non-photochromogens, dominate in the latter. Two other groups of atypical organisms exist—Group II, the scotochromogens, and Group IV, the rapid growers, each group apparently rarely having been associated, if at all, with pulmonary disease.<sup>59</sup>

Lester, Botkin and Colton<sup>42</sup> reported that 300 (32%) of 929 cases of culturally positive tuberculosis-like disease had cultures consisting of atypical acid-fast bacilli. Of this 32%, 18.3% were in Group I, the photochromogens; 67% were in Group II, the scotochromogens; while 14.7% were in Group III, the non-photochromogens or the so-called

indeterminate strains. Such findings suggest that atypical strains may well be a cause of concern in the future to the clinician.

Whether or not atypical strains develop in humans as the result of chemotherapy is yet to be definitely ascertained. In 1950 Schiff and Tarshis<sup>61</sup> reported isolation of virulent chromogenic acid-fast bacilli by culture from the cerebral spinal fluid of a patient on streptomycin with pulmonary tuberculosis and tuberculomeningitis. Subsequently, in 1958, Tarshis<sup>69</sup> produced and isolated *in vitro* streptomycin- and isoniazid-resistant atypical non-acid-fast variations designated as SM-CV and INH-CV after numerous serial passages of the parent organism.

Probably the most important question confronting the clinician is the frequency with which a negative test may occur in persons with active tuberculosis. Perhaps the assumption is made too frequently that this occurs but rarely. Presumably every clinician is aware that the tuberculo-protein reaction is negative after infection during the so-called period of incubation. The fact that this incubation period extends for 20-60 days, and even more, may not be so well known or considered of little importance. In any event, the diagnostic significance of this period of incubation is inescapable.

Rich<sup>57</sup> expressed the opinion in 1951 that a generally persistent negative tuberculin test is very strong evidence against the presence of active tuberculosis except in certain conditions such as intercurrent infections, cachectic states, dehydration, and terminal stages of tuberculin infections. Other investigators reported varying incidences of negative tuberculin reactions in active tuberculosis. Hart<sup>39</sup> in 1932 reported that 2.7% of 463 cases with pulmonary tuberculosis

were nonreactors to 1.0 mg. of tuberculin. Seven cases of nonreactors in tuberculosis were reported by Hedvall<sup>31</sup> in 1943. In 1947 Lichtenstein<sup>43</sup> found 1.2% (142 cases) of 11,749 tuberculous patients to be tuberculin negative of which 3% (four cases) of the nonreactors had active tuberculosis. An accuracy of 97.1% in uncomplicated cases of tuberculosis negative to 1.0 mg. of OT was reported by Sweaney<sup>68</sup> in 1947. Kvinnsland<sup>39</sup> found .05% nonreactors to 1.0 mg. of tuberculin among 4000 tuberculosis patients. In a series of 1353 patients, considered by Woodruff and Howard<sup>79</sup> in 1951, 1018 were proved bacteriologically to be tuberculosis. Thirty-five of the tubercular patients failed to react to 1.0 mg. of OT and 16 of this same group failed to react to 10.0 mg. of OT. Active tuberculosis was thus found in 3.4% and 1.6% of negative reactors to 1.0 mg. and 10.0 mg. of OT respectively.

In 1951 Mascher<sup>46</sup> challenged the wisdom of relying very strongly on a negative tuberculin test. He reported a series of 11 cases diagnosed as active tuberculosis all of whom failed to react to intradermal injections of 1.0 to 3.0 mg. of OT. Eight of these cases represented 0.5% of 1591 patients out of a series of 5623 persons with pathologic lesions demonstrated by miniature roentgenogram. Subsequently these eight cases were diagnosed as having active tuberculosis by repeated findings of acid-fast micro-organisms, presumably tubercle bacilli. Cultures were positive in six of the eight cases, and in five diagnosis was confirmed by guinea pig inoculation. In three of the 11 cases the *Mycobacterium tuberculosis* could not be demonstrated in the sputum, by culture, or by guinea pig inoculation but were concluded to be active tuberculosis, based on case his-

tories, clinical and roentgenographic findings and the subsequent courses.

In a series of 107 patients diagnosed as chronic pulmonary tuberculosis of the "indolent type," Scadding<sup>60</sup> found 3.7% (four cases) that were nonreactors or gave a feeble positive reaction to tuberculo-protein.

Furcolow<sup>23</sup> repudiated Mascher's view of the value of a negative test and stated that an error of one or two cases per 1000 patients (.01-.02%) was insignificant as, indeed, it may be in mass screening and control programs. However, it is inescapable that various investigators have reported incidences somewhat higher which tend to support Mascher's thesis with respect to individual cases if not in the screening or control programs.

It appears that there is little to be gained in attempting a correlation between pulmonary calcifications demonstrable on X-ray and cutaneous reactions or nonreactions to tuberculo-protein. Investigators<sup>6, 15, 16, 26, 34, 47, 50, 76</sup> who have considered this problem report incidences of negative reactions which range from 5.5 to 43.4% using 1.0 mg. of OT.

Calcifications in the lung occur, of course, in histoplasmosis,<sup>51</sup> tuberculosis, and coccidioidomycosis<sup>2</sup> with the probability of occurrence in that order. Geographic distribution of the various series reported above range from Jamaica to New York,<sup>7</sup> Pennsylvania, Tennessee, Alabama, Indiana, and Ohio. Assuming the incidence of coccidioidomycosis to be relatively low in these areas, the problem of ascertaining whether calcification is due to histoplasmosis or tuberculosis still remains, irrespective of the availability of the histoplasmin test which itself is nonspecific for histoplasmosis<sup>21</sup> since blastomycosis, coccidioidomycosis and haplomyces also react to histo-

plasmin. Indeed, Olsen, Bell and Emmons<sup>49</sup> have concluded that there was no direct association between the occurrence of pulmonary calcifications and positive histoplasmin reactions.

As long ago as 1924 Austrian<sup>3</sup> showed that hypersensitivity, as demonstrated by a positive intracutaneous test, did not invariably remain static with subsequent routine tests. Rich called attention to this fact in 1938,<sup>56</sup> and again in 1951.<sup>57</sup> The frequency with which this occurs, however, is probably still little appreciated.

The literature is replete with reports of reversions of positive reactions<sup>1, 16, 18, 19, 28, 36, 38, 44, 52</sup> and even alternating positive and negative reactions<sup>72, 74</sup> with the incidence of reversions ranging from two to 26.4% in one-15 years. Studies by Willis,<sup>78</sup> Sewall,<sup>63</sup> and Boquet<sup>11</sup> indicate that whatever resistance there is remains intact irrespective of the decrease in hypersensitivity.

The physiological state of the individual may be temporarily altered for one reason or another with a resulting influence on the cutaneous reaction to tuberculo-protein. Thus, in arrested tuberculin infections in animals,<sup>11, 78</sup> and in man,<sup>57</sup> and, as has been pointed out by Pilcher,<sup>54</sup> in dehydrated tubercular patients, cachectic states (as in tuberculosis and cancer), miliary tuberculosis, and progressive tuberculosis with a fall in weight, there is a diminution or abolishment of the hypersensitivity reaction. The same occurs<sup>57</sup> with tuberculous pleurisy as the result of discharge of a caseous focus into the pleural cavity and tubercular effusion, and also, according to Scadding,<sup>60</sup> in chronic pulmonary tuberculosis of the "indolent type."

Diminution or abolishment also occurs in intercurrent infections such as measles,<sup>20</sup> influenza,<sup>10</sup> and as Mascher<sup>46</sup> notes in pneumonia, whooping cough,

and meningitis, while Pilcher<sup>54</sup> reports it to occur in dehydration. In syphilis there may be a decrease in the hypersensitivity but with initiation of therapy hypersensitivity may reappear.<sup>33</sup> There is at least one report in the literature<sup>37</sup> of a decrease or abolishment occurring with hypothyroidism with reappearance of hypersensitivity on treatment with thyroxin. The administration of vitamin C in animals<sup>8</sup> and in tubercular patients<sup>32</sup> or alcohol intoxication alone<sup>53</sup> may also cause a decrease or disappearance of hypersensitivity.

Nonspecific irritations also cause depression of the reaction according to Pilcher<sup>54</sup> and others.<sup>71</sup> Brabic and Veyron<sup>12</sup> ascertained a positive correlation between the degree of reaction to tuberculin and the degree of local reaction to histamine in a series of 52 cases of pulmonary tuberculosis. It is believed that this diminution of cutaneous reactivity results from toxic or other causes<sup>46</sup> as in cachexia and dehydration,<sup>54</sup> exposure to sunlight (ultraviolet treatment),<sup>40</sup> measles,<sup>20</sup> miliary spread of tuberculosis or progressive tuberculosis accompanied by a fall in weight,<sup>54</sup> and finally, according to Lemming<sup>40</sup> and Holm,<sup>35</sup> in six and 11%, respectively, of old people. In such cases, there is a corresponding decrease in cutaneous reactivity toward nonspecific irritations such as codeine<sup>54</sup> and sodium chloride.<sup>62</sup>

Stern<sup>67</sup> reported a 3.5% difference in favor of positive tuberculin tests (von Pirquet) between pregnant and non-pregnant control groups, whereas Bar and Devraigne<sup>5</sup> reported a 9% difference. Nobecourt and Paraf,<sup>48</sup> on the other hand, reported a diminution of reactions while other studies by Conn<sup>14</sup> and Lichtenstein<sup>43</sup> showed but little effect of pregnancy on hypersensitivity. These studies fail to resolve the problem of

whether or not there is any effect of pregnancy on the hypersensitivity reaction.

More importantly, in the present era, the administration of adrenal cortical hormones may affect the hypersensitivity reaction. Harris and Harris<sup>29</sup> in 1950 showed that the dermal reaction to OT was temporarily depressed for four days after the administration of cortisone to rabbits and guinea pigs previously sensitized with BCG. Block, Vennesland and Gurney<sup>9</sup> confirmed previous reports of the effect of cortisone. These investigators found that cortisone promoted the development of tuberculous lesions and in 50% of the animals abolished the specific sensitivity to tuberculin. The work of Shubin, Lambert, Heiken, and Singhaphakdi<sup>64</sup> indicated that latent or inactive tuberculosis may be reactivated following steroid therapy. So, in humans under steroid therapy the tuberculo-protein reaction may be unaffected, temporarily depressed or even abolished, with possible reactivation of latent or inactive tuberculosis.

Reasons for negative reactions in active tuberculosis as well as other reported variations are difficult to explain. Of necessity the explanations offered have been in terms of atypical organisms, hypersensitivity, true desensitization, general decrease in reactivity of the skin caused by toxic causes, dehydration, old age, exhaustion, neutralization of antibody as may occur in steroid therapy, and even reinfection with tuberculosis, the latter to explain a fluctuation of reaction. But whatever the explanation may be, one fact is undeniable. Negative reactions in active tuberculosis, depressions, reversions, abolishment and fluctuations in intracutaneous hypersensitivity to tuberculo-protein do occur under a number of conditions. The clinician must be alert to these conditions in

order to avoid a diagnostic error with possible regrettable sequela.

### Summary

The opinions of responsible clinicians in the field of tuberculosis concerning those factors which may affect a valid interpretation of the intracutaneous tuberculo-protein test have been presented. Some of these factors are technical errors in performance of the test, the strength of tuberculo-protein used, lack of standardization of the tuberculo-protein (apparently even if manufactured by the same company), false positives and nonspecific reactions, depressions, reversions, abolishment, and even fluctuating positive-negative reactions.

The problem of whether to use a single-procedure intermediate strength PPD test, a two-step procedure first and second strength PPD test, or successive dosages of OT in tenfold increases in event of preceding negative reaction up to 3.0 or 10.0 mg. of OT apparently still exists with the clinicians. In mass screening and control programs the single-procedure intermediate PPD test is used almost universally. In individual case diagnosis, the tendency is towards reliance on the two-step procedure using first and second strength PPD. However, there is some evidence to indicate that the use of second strength PPD after a negative reaction to the intermediate strength is questionable and, indeed, may be useless.

Other circumstances influencing a valid interpretation of the intracutaneous test are the existence of an intercurrent infection (as in measles, influenza, and pneumonia), cachectic states (as in tuberculosis and cancer), arrested tuberculosis, and tuberculous pleurisy. Additional circumstances are dehydration,

syphilis, hypothyroidism, alcohol intoxication, and spontaneous reversions with incidences ranging from two to 26.4%. Also any physiological state wherein there is a general depression of cutaneous reactivity as from toxic or other causes such as exposure to sunlight (ultraviolet light) and old age may influence the test interpretation. The effect of pregnancy, however, is still to be definitely ascertained.

Probably most important, however, is the fact that negative reactions to commercial tuberculin do occur in active tuberculosis with reported incidences ranging from .05 to 3.7% in "atypical" tuberculosis caused by atypi-

cal chromogenic acid-fast bacteria, possibly in atypical chromogenic acid-fast strains due to chemotherapy, and in the currently popular steroid therapy with danger of reactivation of latent or inactive tuberculosis. The existence of these factors serves to complicate individual case diagnosis and to decrease the validity of the intracutaneous tuberculin test.

ED. NOTE: Superior figures refer to corresponding numbers of the bibliography which will be supplied by the Dept. of Medicine, School of Medicine, University of Maryland, Baltimore, Md., on request.

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## OBSTETRICAL CASE REPORT

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### Case History

Mrs. E.F.D. was a 32 year old Para 5-0-1-5. Blood studies show Rh positive reaction. Her test for syphilis was negative. Her estimated date of confinement was 10-20-58. Past gestations were uneventful and the youngest child, a boy was four years old. She first attended the Out-Patient Obstetrical Clinic on July 1, 1958 at which time clinical examination confirmed the presence of a 24 week pregnancy. Disorders were not noted. Vaginal cytologic studies for carcinoma were negative. The hemoglobin was 10.2 Gm. She received the usual pre-natal instructions and oral iron therapy was begun.

Her prenatal course was not remarkable. She gained 12 lb. Her blood pressure remained normal, and there was no evidence of albuminuria.

On the evening of October 17, 1958, she noticed a bloody vaginal discharge. At 7:00 P.M. regular labor pains began. She was admitted to the delivery floor at 8:00 P.M. with a normal blood pressure, intact membranes, and uterine contractions every four minutes. Abdominal examination revealed the vertex floating and the fetal heart sounds at 136 per minute. Rectal examination revealed the cervix to be 100% effaced and three centimeters dilated. She was sedated with Demerol 75 mg. and scopolamine 0.4 mg. intramuscularly. Labor continued and at 12:00 MIDNIGHT the cervix was 7-8 cm. dilated, the membranes were bulging, and the presenting part was station -2. At this time a mass was felt in the cul-de-sac. A sterile vaginal examination was performed in the delivery room and a cystic mass was felt in the cul-de-sac with the vertex anterior and superior. The cyst was quite tense and could not be displaced out of the pelvis. Each contraction pushed the cyst further down into the pelvis ahead of the presenting part and increased the pressure within the cyst. The diagnosis of an ovarian cyst obstructing labor was made and a Cesarean Section was performed. A full term living male child weighing 3465 Gm. was delivered via low transverse cervical Cesarean

Section at 12:52 A.M. October 18, 1958. Following closure of the uterine incision, an ovarian cyst 12 cm. in diameter was removed from the left ovary, which lay in the cul-de-sac, with left oophorectomy. The right ovary was grossly normal. The patient had an uneventful post-operative course and was discharged to the clinic on the seventh post-operative day.

*Pathology report:* Benign cystic teratoma, left ovary.

### Comment

Failure of descent of the presenting part during labor because of a pelvic tumor is an uncommon occurrence. Ovarian cysts rarely interfere with the progress of labor. All patients in labor should be examined carefully. This is particularly true when the presenting part is floating. An attempt should be made during the initial examination to find a cause. Frequently, no cause can be ascertained in which case the progress of descent must be followed very closely. The diagnosis of obstruction should be made as early as possible and Cesarean Section performed.

All prenatal patients deserve a careful pelvic examination. We are often so concerned with establishing the diagnosis of pregnancy and so interested in pelvic measurements that we fail to check for adnexal disease. Careful palpation of the adnexa is an integral part of any pelvic examination.

Ovarian cysts in pregnancy may give rise to serious complications. The incidence of abortions and premature labor is increased. Intermittent torsion may occur giving rise to abdominal pain. Complete torsion will result in gangrene. Rupture of a cyst will cause peritonitis.

Rupture of a dermoid cyst is a major catastrophe and may result in a fatal peritonitis. Although the cyst wall may be quite thin and subject to marked pressure during obstructed labor, the uterine wall may rupture and the cyst wall remain intact.

Ideally, ovarian tumors should be di-

agnosed as early as possible in pregnancy and operation performed at the proper time.

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Presented by Dr. Deisher of the Department of Obstetrics and Gynecology, Medical School, University of Maryland.

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## BOOK REVIEWS

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**Human Parturition, Normal and Abnormal Labor.** By Norman F. Miller, Professor of Obstetrics and Gynecology, University of Michigan Medical School; T. N. Evans, Associate Professor of Obstetrics and Gynecology, University of Michigan Medical School; and R. L. Haas, Late Associate Professor of Obstetrics and Gynecology, University of Michigan Medical School. 248 pp. Price \$7.50. The Williams & Wilkins Co., Baltimore, 1958.

AS A MANUAL for dealing with the patient through the four stages of labor, this simply written, well illustrated work will be a boon to residents, interns, and students on the obstetric service. Written principally in outline form, the authors have focused their attention on the practical with a minimum of emphasis on the academic. They lead the reader step by step through the various stages of labor introducing the dramatis personae briefly and explaining the morphology which

will affect their role. The chapter on "The Initial Evaluation of the Normal Obstetric Patient" will be particularly valuable for the neophyte student who must evaluate the woman in labor for the first time. He can use the excellent outline as a check list. The psychological treatment of the patient is not neglected and a practical guide to analgesia and anesthesia is included. The climax, the delivery, both normal and abnormal, receives well described and illustrated treatment. The chapter on "Obstetric Roentgenography" with its exceptional films will serve as a basis for further comprehension of a technique in obstetrics that sometimes is difficult for the student to grasp. Fetal complications is a chapter that one would have hoped to see developed more than it was. The index is adequate.

The authors did not intend to replace the obstetrical texts but rather to supplement them in the crucial area of delivery room technique. In this they have succeeded.



Latest Acquisition of the University of Maryland - Hecht Company Store, Baltimore and Pine Streets, Baltimore, Md. Photograph taken from roof of University Hospital, looking northwest.

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## MEDICAL SCHOOL SECTION

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### NUMBER OF *BULLETINS* PUBLISHED ANNUALLY TO CHANGE

#### Annual Report Number to be Discontinued

With the publication of the October (No. 4) number of the current volume of the *BULLETIN* for 1959, the volume will close. The December number (No. 5), as previously published in 1957-58, will be discontinued. There will not be a number 5 for the current year.

### HECHT COMPANY STORE PURCHASED BY UNIVERSITY OF MARYLAND

#### To Become Principal Building for Basic Science Instruction

DR. WILLIAM S. STONE, Dean, has announced the purchase of the Hecht Company store at Baltimore and Pine Streets by the University of Maryland.

Subsequent to final ratification of the purchase agreement, the acquisition of this large store formerly used by the Hecht Company (Hecht Brothers) prior to consolidation with the May Company, provides a large amount of additional space for both the Basic Science Departments, the division of the physical plant, and certain business offices.

The moving of the business and plant departments to the newly acquired structure will release valuable space in the University Hospital for patient care and investigational work.

The release of space by the departments of Pathology, Biochemistry, Microbiology, Physiology, and Pharmacology will

provide a large area in the Bressler Building which ultimately will be used by the clinical departments for clinical and fundamental research. Only the Department of Anatomy is expected not to move immediately into the new structure. While basic instruction in pathology will be carried on in the new building, the post-graduate and routine work will continue in the building at 31 S. Greene St. until the ultimate transfer of facilities to a reconstructed Dental-Pharmacy Building which is to follow the completion of a new Dental School now projected into the near future.

The acquisition of new space for Basic Science will afford the School of Medicine an opportunity to place all first and second year students under a central laboratory scheme in which the student will be assigned to a central laboratory; will have his own equipment and desk; his own study area; and will remain more or less in the same part of the laboratory during the entire school day, with instructors and equipment from the various basic science departments coming to the central laboratory for their individual program. It is anticipated that each of the major departments will have preparation and storage rooms adjacent to the central laboratory, in which the material for student use can be prepared and maintained. It is also anticipated that the additional space in the new unit will afford increasing opportunity for expansion of research in the basic science departments.

Acquired along with the Hecht property is a large parking garage, which should materially relieve the parking

problem for members of the hospital and school staffs.

The acquisition of this property does not influence the basic plan of development for the University as projected in previous editions of the BULLETIN and which will be further amplified and explained as developments proceed.

## YOUR AMERICAN MEDICAL EDUCATION FOUNDATION

SINCE the last acknowledgment published in the BULLETIN, the School of Medicine has received almost \$6000.00 in additional contributions through the American Medical Education Foundation. These donations, mainly by alumni of the School of Medicine, indicate a growing enthusiasm by physicians in the direct support of medical education. All contributions to the Fund are returned to the school designated by the donor without deduction for administrative expense, this being borne entirely by the American Medical Association.

Contributions by physicians through this fund meet a most urgent need arising from the tremendous responsibility the medical schools of America must assume in order to meet the needs of both the expanding population of the United States as well as the demands for increased research activity by physicians.

Contributions should be mailed to the American Medical Education Foundation, 535 N. Dearborn St., Chicago 10, Ill.

The School of Medicine acknowledges with gratitude the interest and cooperation and generosity of the following:

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Richard Allsopp  
Frank Ayd, Jr.  
Meyer Baylus  
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John White III  
Arthur Wilkinson  
William Williams  
C. Wilson  
Carl Wirts  
Samuel Wolfe

## "OLD MEDICAL BUILDING" CHANGES NAME

WHAT was formerly called "the old building," "the building with the columns," "the amphitheatre," and perhaps many other unofficial names, a building long without an official name, has received the baptism "Davidge Hall" and will hereafter be so-called.

Davidge Hall now becomes the official address of the School of Medicine, as the offices of the Dean and the Committee of Admissions are housed in this edifice, located at 522 W. Lombard St.

The accompanying picture, recently taken following the installation of the new inscription on the brick wall shows Dean William S. Stone standing beside one of the familiar benches, antiques which appear in even the earliest photographs of the School. Many alumni can remember with vivid recollections, the benches and the warm southern sun.



### MEDICAL LIBRARY NOTES

BETWEEN February and May 1959, the following persons made gifts to the library collection:

DR. WILLIAM R. AMBERSON  
DR. LOUIS BLUM  
DR. FRANCIS J. BORGES  
DR. JACOB E. FINESINGER  
DR. SAMUEL S. GLICK  
DR. FRANK W. HACHTEL  
DR. HARRY HERBST  
DR. JOHN C. KRANTZ, JR.  
DR. ARTHUR M. KRAUT  
DR. JEROME K. MERLIS  
DR. EARL F. NATION  
DR. MAURICE C. PINCOFFS  
DR. ARTHUR SILVERSTEIN  
MISS LILLIAN SNYDER

DR. WILLIAM S. STONE  
MR. W. J. WISCOTT  
DR. CHARLES L. WISSEMAN, JR.  
DR. H. BOYD WYLIE

Through the interest of Dr. Martin Helrich, the Department of Anesthesiology has again purchased two new textbooks for the library.

Mrs. Thomas H. Hooper presented to the library books which belonged to Dr. John McPherson Lowry, alumnus of the College of Physicians and Surgeons of Baltimore.

Dr. Frank J. Ayd, Jr., upon receiving a recall notice from the library for an overdue book, returned the book with his apology and a check for \$25! The library certainly appreciates apologies in this form.



**DOCTOR**  
**WILLIAM R. AMBERSON**  
**RETIRES**

DR. WILLIAM R. AMBERSON, since 1937 Professor of Physiology in the School of Medicine, retired on July 1.

The son of Presley N. and Margaret R. Amberson and a native of Harrisburg, Pa., Dr. Amberson was born on June 17, 1894. At the age of five, he moved to Chambersburg, Pa., where he attended the public schools. In 1902 he moved to New York City for a short while, returning to Waynesboro, Pa., in 1905, graduating from the Waynesboro High School in 1911. In the fall of that year he entered Lafayette College, graduating as valedictorian in the Class of 1915.

He then taught junior high school in Trenton, N. J., until the spring of 1917 when he joined the Second New Jersey Infantry, becoming an officer candidate at Fort Myer, Va. He was commissioned as a Second Lieutenant of Artillery assigned to the 313th Field Artillery of the 80th Division, serving with this unit in France. Shortly before the end of hostilities, he was promoted to the rank of First Lieutenant and was returned to America to assist in the training of new draftees.

After leaving service, he entered the graduate college of Princeton University in the fall of 1919 and was awarded the

Doctor of Philosophy degree in Biology in 1922, specializing in physiology. In March of that year, he became instructor in physiology in the College of Medicine, University of Tennessee in Memphis, receiving a promotion to Assistant Professor in July of that year.

In 1923 he accepted an assistant professorship in the Department of Physiology of the School of Medicine of the University of Pennsylvania, where he served for seven years. During this period he held a Guggenheim Fellowship and received some of his postgraduate training in London in the laboratory of Professor A. V. Hill.

In 1930 he returned to the University of Tennessee as Professor and Head of the Department of Physiology, where he served until 1937, the year of his nomination at the University of Maryland. During this period he did postgraduate work under Professor Rudolph Hober of the University of Kiel in Germany.

After his nomination at the University of Maryland, he again traveled abroad, this time working under Professor Arne Tiselius at the University of Uppsala in Sweden, this time concerning himself with the physiology of muscle, a subject which always interested Dr. Amberson

and in which he did considerable investigative work.

His retirement culminates 38 years of teaching and investigative work in the field of physiology. Dr. Amberson's activity in the field of science, however, will not end, for on July 1 he enters the service of the Institute of Arthritis and Metabolic Diseases of the National Institute of Health, going to the Marine Biological Laboratory, Woods Hole, Mass., for full-time research in the field of the fibrous muscle proteins.

Dr. Amberson's original research interests included the kinetics of bioluminescent reaction, the mechanism of the production of electromotive forces in living tissues with particular reference to changes in hydrogenion content: the influence of oxygen tension upon oxygen consumption in unicellular organisms; the form of action potential waves in nerves, and the nature of hemoglobinsaline solutions as a blood substitute. This investigation was performed at the height of World War II. In later years, he has devoted himself extensively to the study of fibrous muscle proteins. Since 1947 his attention has been fixed upon the proteins of the skeletal muscle, and particularly upon the long chain macromolecules. In 1950, he found a new muscle protein known as "delta protein," which is able to form a complex with myosin. His present work, which he will continue under the National Institute of Health, is to determine the physiological function of this newly discovered material and to locate it within the ultrastructure of the sarcomere. Electromicroscopy will be combined with modern protein techniques, including electrophoresis and ultracentrifugation.

Dr. Amberson's bibliography follows.

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## Doctor

**Emil G. Schmidt**

**Dies**

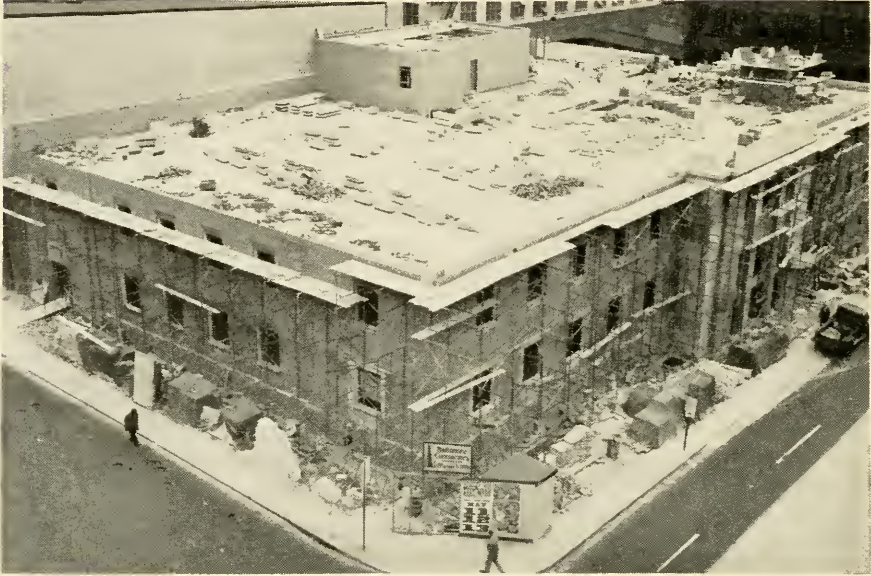


DR. EMIL G. SCHMIDT, for many years a member of the Faculty and Professor of Biological Chemistry, died at his home in Baltimore on September 25, 1958. Born in Osceola, Wis., Dr. Schmidt received his basic collegiate training in the Department of Chemistry of the University of Wisconsin, receiving his Bachelor's degree in 1921 and the Ph.D. degree in Biochemistry in 1924. After a brief association with a commercial chemical corporation, he came to the Department of Biochemistry, School of Medicine, University of Maryland and became Chief Chemist at Mercy Hospital. During this time he studied law and was graduated with the Bachelor of Law degree from the University of Maryland in 1936.

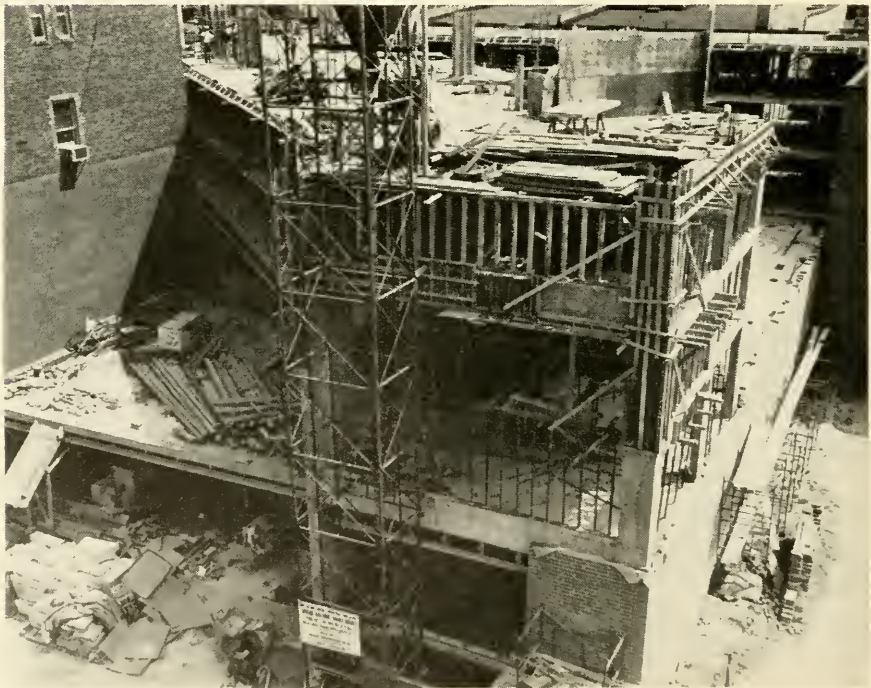
In 1937 he became Associate Professor of Biochemistry and in 1948 was nominated Professor and Chairman of the Department.

An excellent teacher, a quiet and friendly man, Dr. Schmidt never married. However, his interests were wide, and he was a member not only of many learned societies, but was an ardent sportsman and golfer. He was a member of Alpha Phi Sigma, Sigma Xi, Phi Lambda Upsilon, Gamma Eta Gamma fraternities, the American Chemical Society, the American Society of Biological Chemists, the Society for Biological Chemistry in Medicine, and the University of Maryland Biological Society.

PROGRESS NOTE, MAY 1959



New Medical Sciences Library progresses through second story as of May 10, 1959.



View of progress of construction, new Student Union building, on West Lombard Street as of May 10, 1959.

Dr. Schmidt's research activities appeared in numerous papers relating chiefly to the fields of clinical blood chemistry, urine chemistry, the chemistry of fungi, the effects of antibiotics and chemotherapeutics on the process of intestinal putrefaction, and many other unrelated subjects.

### Progress of the Library Building

The exterior of the new building for the health sciences is practically completed. Work on the interior will consume additional months, but we hope that by the end of 1959 the library collections may be moved into the new building. The moving will involve combining all books from our present four library units (medicine, dentistry-pharmacy, nursing, psychiatry) and from five different storage locations.

### DEPARTMENT OF DERMATOLOGY

At the meeting of the Southeastern Dermatologic Association held in Baltimore April 18th and 19th, DR. HARRY M. ROBINSON, JR., was elected President of that organization.

The Division of Dermatology now has under investigation the new antifungal antibiotic "Griseofulvin." The work is under joint sponsorship of the Division of Dermatology and the Department of Pharmacology. Preliminary studies were discussed at the meeting of the American Dermatologic Association in Atlantic City on June 2.

An exhibit entitled "Antibiotic Therapy in Dermatology" was presented at the annual meeting of the American Medical Association in Atlantic City on June 8 to 12 by DRs. HARRY M. ROBINSON, JR., RAYMOND C. V. ROBINSON, and JOAN RASKIN.

DR. JOAN RASKIN, Fellow in Dermatology, has been granted sabbatical leave to the University of Minnesota for one year. She will return to her duties in the Division of Dermatology July 1, 1960.

The new textbook *Clinical Dermatology* by DRs. H. M. ROBINSON, JR., and R. C. V. ROBINSON, published in collaboration with other members of the dermatology staff, was published by the Williams and Wilkins Co. It was exhibited by the publishers at the annual meeting of the American Medical Association in Atlantic City, June 8-12, 1959.

### Dermatology Post-Graduate Training Course Clinical Sessions to be Held September 16 and 17, 1959

DR. HARRY M. ROBINSON, JR., Professor of Dermatology, has recently announced that the Division of Dermatology will hold two days of postgraduate training in dermatology on September 16th and 17th, 1959.

Among the outstanding guest speakers will be Dr. Carl Nelson, Professor of Dermatology at Columbia University, Dr. Herbert Mescon, Professor of Dermatology at Boston University, and Dr. Frank Cormia, Assistant Professor of Dermatology at the Cornell University School of Medicine. Plans include two clinical sessions with a discussion of cases and practical suggestions for management. In addition, a series of case presentations by the guest speakers will be held and there will be time for panel discussion.

Additional information will be forwarded to members of the Medical Alumni Association and practitioners in the Maryland area in the near future. Inquiries should be directly addressed to DR. HARRY M. ROBINSON, JR., at the School of Medicine.

## DEPARTMENT OF PEDIATRICS

DRS. ENNIS C. LANE, GUILFORD G. RUDOLPH, and SAMUEL P. BESSMAN of the Department of Pediatrics presented a paper at the Federation of American Societies for Experimental Biology, entitled: "Selective Incorporation of Acetate into Fat and Cholesterol as a Function of Glycolysis." Dr. Bessman also presented another paper entitled: "Possible Role of Metabolic Defects in Mental Disease."

DRS. SAMUEL P. BESSMAN and JOSEPH FITZGERALD presented a paper at the same time entitled: "The Effect of Insulin on Glycogen Metabolism in Cell Free Systems."

## DEPARTMENT OF PHARMACOLOGY

DRS. ARMAND J. GLAND, JEANNE Q. BARRY and FREDERICK P. FERGUSON recently presented a paper entitled "The Early Effects of Moderate Altitude Stress on Plasma Potassium in the Dog."

DR. EDWARD B. TRUITT and MISS ANN M. MORGAN presented a paper entitled "Comparison of the Gastrointestinal Absorption Rates of Plain and Buffered Acetylsalicylic Acid." This paper was presented at the Federation of American Societies for Experimental Biology held in Atlantic City, N. J., April 13-17, 1959.

Members of the Department of Pharmacology attended the annual meeting of the American Chemical Society held at Boston, Mass., April 12, 1959. DR. RAYMOND M. BURGISON and DR. HARVEY M. SOLOMON presented a paper entitled, "Preparation and Preliminary Pharmacologic Evaluation of a Series of N-Substituted Urethanes, Cyclic-Urethanes and Related Carbamates."

At the Federation of American Societies for Experimental Biology held at Atlantic City in April 1959, Drs. A. S. C.

LING, E. B. TRUITT, JR., and JOHN C. KRANTZ, JR., presented a paper entitled, "The Effect of Ether, Trifluoroethyl-Vinyl Ether ("Fluoromar") and Thiopental Sodium on Hexafluorodiethyl Ether ("Indoklon") Induced Cerebral Cortical Seizures." Drs. KRANTZ, LING, BURGISON, and MISS VIRGINIA KOZLAR also presented a paper entitled, "Pharmacology of Tetrahydroxyethyl Ethylenediamine Tetranitrate (Then), a New Coronary Vasodilator."

## DEPARTMENT OF ANATOMY

DRS. FRANK H. J. FIGGE and RALPH WICHTERMAN presented a paper before the American Association of Anatomists held at the University of Washington in Seattle, April 1-3, 1959. This paper was entitled "The Protection of Radiation-Sensitized Paramecia from Lethal Doses of Roentgen Radiation."

At the same meeting, DR. VERNON E. KRAHL presented a paper entitled "Anatomico-Pathologic Observations in Experimentally Induced Pulmonary Emphysema."

DRS. THEODORE LEVEQUE and MARVIN M. SMALL read a paper entitled, "The Significance of Increased Mitotic Activity in the Neurohypophysis Following Dehydration."

At this meeting also, DR. HENRICUS G. J. M. KUYPERS read a paper entitled "Frontal, Central and Parietal Cortical Projections to Motor, Sensory and Reticular Cell Groups."

DRS. H. PATTERSON MACK, ROBERT E. McCAFFERTY and BENJAMIN A. ADDISON of the Department of Anatomy read a paper entitled "Variation in Tissue Concentrations of Parenterally Administered Hematoporphyrin in Pregnant and Tumor-Bearing Subjects."

At the same meeting, Drs. ROBT. E. McCAFFERTY and RONALD L. CAHN pre-

sented a motion picture entitled "Rhythmic Movement of the Chick Amnion."

DR. WALLE J. H. NAUTA recently presented a paper entitled "Some Neural Pathways Related to the Limbic System" as participant in a Symposium on the Limbic System held in connection with the American Academy of Neurology annual meeting in Los Angeles, California, April 16-18, 1959.

DR. EDOUARD UHLENHUTH is again spending the summer months travelling in Europe. Dr. Uhlenhuth may be reached at Hotel St. James, Waaggasse 15, Vienna 4, Austria. Dr. Uhlenhuth expects to return during the month of November.



**Ruth D. Musser**  
**in Who's Who**  
**of American**  
**Women**

RUTH D. MUSSER joined the faculty of the School of Medicine in 1930. She came with excellent scientific training from Goucher College. As instructor in pharmacology under the late Dr. William Schultz, she pursued courses in the basic medical sciences for which she was awarded the degree of Master of Science in Pharmacology in 1931. The subject of her master's thesis, "The Oxidation of Epinephrine," is still an important biochemical problem.

Mrs. Musser has worked diligently through the years in the instruction program in pharmacology for the medical students. Many of our medical alumni will remember with gratitude her helpfulness in the laboratory instruction in pharmacology. In addition to these duties Mrs. Musser has for a period of 25 years

been in complete charge of the instructional program in pharmacology in the School of Nursing. Her course of instruction to the student nurses has achieved national acclaim. This is illustrated by the fact that in 1953 this course was considered a paragon for instruction of pharmacology to student nurses by the Middle Atlantic Accrediting Agency of the nursing schools.

Besides her work in teaching, Mrs. Musser has been the co-author of 20 scientific papers which have emanated from the department of pharmacology. During the decade 1930-40 she took an excursion into medical history and three publications on "Medical Friendships" appear in the *Bulletin of the History of Medicine* under her name.

Unwilling to allow her enthusiasm to be dimmed by the passing of years, in 1954 Mrs. Musser and Dr. Joseph G. Bird (then associated with the department of pharmacology) undertook the stupendous task of writing a textbook in pharmacology for student nurses. This book, *Modern Pharmacology and Therapeutics*, appeared in 1958 published by the Macmillan Company. Its acceptance has been phenomenal, and this is due to its completeness, felicity of diction and, as the title implies, it is up-to-date. As a reward for her effort she now finds herself the co-author of a "best seller" in the field of pharmacology.

Mrs. Musser leads a full and multifaceted life. She lives with her devoted mother, Mrs. J. C. Dunbracco, in the Wyman Park Apartments. She is the mother of one daughter, Ruth (Mrs. Ronald L. Wiggins), and four grandchildren who make their home in Elmira, New York. Mrs. Musser is an ice skating enthusiast, a member of Sigma Xi and is active in Delta Delta Delta and the DAR. It is both fitting and proper

that her name should have been selected for a place in the first volume of *Who's Who of American Women*. We, who are associated with her, salute her upon this honor. All hail achievement with well deserved recognition!

### Maryland Society for Medical Research News

In the Society's monthly *Bulletin*, mention is made of the tenth anniversary of the Baltimore City Dog Procurement Law.

Following a successful campaign for the passage of this important legislation, Maryland Society for Medical Research leaders noted that the ten year period has seen more than 25,000 dogs selected by medical schools and other research organizations used in the city for what have been acknowledged as epoch-making experiments leading to important discoveries. These dogs would have been otherwise wastefully slaughtered. In money alone, the use of these abandoned animals has saved the medical institutions well over \$200,000, funds which have been diverted into other aspects of medical research. Officials have commented that not a single incident has occurred to mar the smooth working of the Dog Procurement Law. For this, the wholehearted cooperation of city officials who are responsible for administering the law is largely responsible.

Baltimore has reason to be proud of this sensible and workable solution to a problem which had become increasingly more difficult to handle as medical research continued to expand. The ten years' experience with the ordinance has given ample evidence of its effectiveness.

**Dr. Detrich C. Smith**, Associate Dean of the School of Medicine, is Secretary of the Maryland Society.

### Old Timers' Note

MR. P. J. McMILLIN, for many years superintendent of the Baltimore City Hospitals, was recently honored on March 5 at a farewell reception given him by hospital employees. Mr. McMillin retired on May 1, 1959.

### 1959 Phi Delta Epsilon Lecturer

The annual Aaron Brown Memorial Lecture of the Phi Delta Epsilon fraternity was held on Wednesday, April 8, 1959, in the Gordon Wilson Hall of University Hospital. Dr. William Dock, Professor of Medicine, State University of New York and the Downstate Medical Center, Brooklyn, New York, spoke on "The Modern Management of Hypertension."

### Another Research Society Formed

A new association known as the Dyssautonomia Association has been recently formed and will solicit funds for the investigation of diseases of the autonomic nervous system.

### Dr. Francis J. Borges Honored

DR. FRANCIS J. BORGES, Assistant Professor of Medicine, has been recently named to active membership in the American Society for Artificial Internal Organs. Dr. Borges directs the Dialysis Unit of the University Hospital. His appointment to the Society is a reflection of his ability in this important field of internal medicine.



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## ALUMNI ASSOCIATION SECTION

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WILLIAM H. TRIPLETT, M.D.

## President's Letter

*Dear Fellow Alumni:*

To follow Harry M. Robinson, Jr., as president of the Medical Alumni Association is quite an honor.

Harry, with the help of "Bill" Triplett and the excellent secretarial staff, has accomplished much in the past year. He has brought not only order out of chaos but has made your Alumni Association a going concern.

What may we expect during this next year?

It is my sincere desire that the Alumni Association continue to grow and to have an even more important role in the affairs of the School of Medicine.

I believe the Alumni Association can help by offering constructive criticism to those responsible for the caliber of the student admitted, as well as to the caliber of the physician who is graduated.

Any shortcomings of our graduates should be reported to your Medical Alumni Association and I assure you that the full weight of the Association will be brought to bear in order to rectify these weaknesses.

Deep consideration should not only be given to the scientific training of the finished product, but concern should also be shown in regard to the "Art of Medicine" and "Service to Mankind." Our graduate should be more than an automaton of scientific knowledge, he should be a gentleman of the arts.

Your Board of Directors has been cognizant of these and many other problems. We ask for your cooperation and support.

A strong Alumni Association means cooperation and suggestions from all.

ERNEST I. CORNBROOKS, JR.  
*President*



# FINANCIAL REPORT MEDICAL ALUMNI ASSOCIATION

Balance in Bank December 1, 1959 .....	\$4539.74
Income to April 30, 1959 .....	511.09
	<hr/>
	\$5050.83

Expenses—Salary .....	\$1584.38
Yearbook Ad .....	60.00
Office Expenses .....	1060.34
Taxes .....	267.94
(Withholding and Soc. Sec.) .....	<hr/>
	2972.66

Transferred to Bulletin Fund.....	1396.50	4369.16
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Balance in bank.....	<hr/>	\$ 681.67
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Student Loan Fund.....	\$1201.89
Paid to student.....	200.00
	<hr/>
Balance in bank .....	\$1001.89

A. G. SIWINSKI, M.D.  
*Treasurer*

## REPORT OF THE BOARD OF DIRECTORS OF THE UNIVERSITY OF MARYLAND MEDICAL ALUMNI ASSOCIATION

*February 24, 1959*

The Treasurer's report was given which was followed by a report on the progress of Alumni Day by Dr. Shipley.

Dr. Triplett was asked to contact Mr. Stevenson in the Art Department about making up the 50-year certificates for the Alumni Banquet.

Dr. Robinson was delegated to write a letter to the Governor of Maryland, Dr. Kuhn, the President of the University, and the Dean inviting them to the Alumni Banquet.

It was moved that the announcements of the banquet and the bills be sent out to the alumni on the first of May.

Dr. Reese made a motion that Mr. David Brigham be invited to attend the

next meeting of the Board of Directors. Passed unanimously.

A motion was passed that Dr. Triplett write to some doctors about the S.M.A. meeting in Atlanta, Georgia, in November, 1959. It was suggested a University of Maryland Alumni party be held on Tuesday, November 17th.

Dr. Queen made a motion to have a letter sent to all members of the faculty who did not graduate from the University of Maryland asking them to be associate members of the Alumni. The letter was to include article III of the by-laws. Seconded by Dr. Mays and passed unanimously.

A motion was made by Dr. Reese suggesting Drs. Robinson, Cornbrooks, Triplett, and Queen be made responsible for the duty of interviewing and hiring a secretary for the alumni office. Seconded by Dr. Eastland.

ALUMNI ASSOCIATION SECTION

March 31, 1959

Dr. Robinson reported he had received a letter from the Governor saying he could not attend the Alumni Banquet in June. Dr. Elkins, President of the University, would attend the banquet if possible, and Dr. Kuhn accepted the invitation.

A motion was made by Dr. Shipley suggesting that Mr. McCormick be invited to attend the alumni banquet. Seconded by Dr. Morris.

Dr. Triplett announced that Miss Bossert had accepted the position as secretary.

A report on the progress of Alumni Day was given by Dr. Shipley.

Dr. Robinson gave a report on the 50-year graduates.

Dr. Triplett reported on the A.M.A. party. Arrangements were made at the Traymore for June 9th or June 11th, depending upon the A.M.A.'s approval. A.M.A. replied that the Traymore could not be used because there was no more space available.

Dr. Robinson read a letter of associate membership that was sent to all the faculty who were not graduates of the University of Maryland.

Motion was made by Dr. Mays that the board go on record as favoring that dues be raised from \$6.00 to \$10.00. It is to be presented at the annual meeting. Seconded by Dr. Wells and passed unanimously.

A report was given by Mr. David Brigham on the General Alumni Council.

Dr. Robinson appointed Dr. Queen, Chairman, and Dr. Shipley and Dr. Mays as members of a committee, to draw up a resolution to be presented to the General Alumni meeting to appoint representatives to the General Alumni Council.

May 5, 1959

Dr. Shipley gave a report on the progress of Alumni Day.

Dr. Frank Morris was appointed chairman of a committee for associate members.

Motion was made by Dr. Eastland that the application blank for associate membership be sent together with the banquet ticket, to the faculty.

Dr. Siwinski submitted a report on the auditing of the books.

Dr. Morris made a motion that the regular \$6.00 bills be sent out for this year and the \$10.00 bills would be discussed at the annual meeting.

It was decided that the graduate wives would be charged \$7.50 for the alumni banquet and that the other tickets be changed to \$10.00.

Dr. Triplett reported on the A.M.A. meeting. He also reported on the S.M.A. meeting to be held in November.

It was decided not to send out membership cards when the dues were sent in. The cancelled check to serve as a receipt.

Dr. Triplett reported on the Student Loan Fund.

Dr. Queen submitted the following resolution:

BE IT RESOLVED that the President of the Association be designated a representative to the General Alumni Council during his term of office, and be it further resolved that two additional members be selected from the Board of Directors to serve initially one and two years, respectively, and each year thereafter one representative be selected from the same group to serve a period of two years.

A resolution on increasing dues was submitted to be presented at the alumni meeting:

BE IT RESOLVED that in view of

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July, 1959

## JACOB WHEELER BIRD

Physician and Surgeon

by

GEORGE A. MAXWELL, M.D.



"JAKE" BIRD is one of a passing generation of general practitioners who 50 years ago brought modern medical and surgical care to rural Montgomery County, where he has since become a bulwark of ethical conservatism in the profession and a respected civic leader in the community. He currently serves after many years as Chief of the Montgomery County General Hospital, Olney, which he founded and promoted 40 years ago. Indeed, this quiet little hamlet had available to it medical and hospital services equivalent to that which one might find in the urban centers of that day.

Dr. Bird is a Marylander, born at the ancestral home, "Dryad Hill," on the West River in Anne Arundel County on October 3, 1885. The family seems to have had a long history of intellectual service where they lived. In particular, there was an uncle, Dr. Thomas H. Brayshaw who practiced in the area of Glen Burnie, with whom the present Dr. Bird made numerous calls as a boy. It was this same uncle who was instrumental in guiding the young Bird's later education, finally taking him to the University of Maryland at the age of 17 to begin his medical education in the fall of 1903. He graduated from the University in 1907 at the age of 21, a physician, and began his internship. He then took

an additional year as superintendent at the University Hospital to extend his skill and knowledge. This was typical of the man and is remarkable if one remembers that residency training was most unusual in those days. Doctor Bird completed his training on July 1, 1909, and arrived in Sandy Spring by horse and buggy to begin private practice. His practice grew rapidly, expanding farther and farther from the epicenter of Olney. It soon became apparent to Dr. Bird that a hospital was needed in the area, since in those days travel to Baltimore or Washington was long and difficult. Also he had brought urban skills to this area and if they were to be used, hospital beds were needed. Therefore, in 1915, with Miss Sophia Featherstone, a graduate nurse of the University Hospital, he established a six-bed hospital, Wrenwood, which prospered from its inception. Two years later the plans for the Montgomery County General Hospital in Olney were completed and the new hospital opened in March of 1920, on an oak-shaded knoll overlooking the rolling countryside of Montgomery County.

Throughout his entire career, Dr. Bird has remained closely associated with organized medicine. He has been a member of the Montgomery County Medical Society since 1909. In 1917 he was

## ALUMNI ASSOCIATION SECTION

elected president of the society and again in 1948. He has watched the society grow from a membership of eight members to 387 members. He has attended all but three meetings of the Medical and Chirurgial Faculty of Maryland since he began his practice a half century ago. He has served as a counselor for several terms and in 1943 was elected its president. He has always been a member of the American Medical Association and was a delegate from Maryland from 1949 to 1955. In addition, Dr. Bird is a member of the Southern Medical Association and of the Washington Academy of Medicine.

From the beginning of his practice, Dr. Bird became associated with the Social Service League of Montgomery County and served as its president for 27 years. He became honorary director of the board on its 50th anniversary in 1959. In 1930, Governor Ritchie appointed him a member of the Social Welfare Survey Commission of Maryland. He was also appointed to, and served as chairman of, the first juvenile court committee by Governor Ritchie. Out of this committee came the Montgomery County Juvenile Court. In 1940, Governor O'Connor appointed him a member of the State Board of Health. He served as a member of the Medical Care Committee of the State Board of Health from 1944 until he resigned in 1957. Dr. Bird helped to organize the Montgomery County Tuberculosis Association, and he has taken a keen interest in the Maryland Children's Aid Society serving 13 years as the president.

The old saying, "When you want something done, get a busy man to fill the job," certainly is applicable to Dr. Bird. He is one of the founding members of the Manor Country Club in Montgomery County. He was active in the

Rockville Rotary Club for many years and served a term as president. Fraternally, he is a Royal Arch Mason and he is a vestryman of the Anglican Church in Olney.

Dr. Bird has never lost interest in the University of Maryland. He still attends social functions at the Nu Sigma Nu Fraternity to which he has belonged since his medical student days. He is a member of the group that organized the Lister Society in 1907 and is still an active member. He is a charter member and sponsor of the Sigma Alpha Epsilon Fraternity at the University of Maryland in College Park.

It is apparent that Dr. Bird has lived a full life throughout his 50 years of practice. This is in the highest tradition of physicians of his generation, gentlemen and scholars, loved and respected by their patients, leaders sought by the community for advice and guidance. His service to the community in which he lives is an example to younger physicians of what may be expected of them in the years to come. The love and affection reserved for Dr. Bird by all who know him is his reward for the sympathetic understanding and gentleness with which he has conducted his life and his practice. He is one of a generation of physicians who more or less trained themselves out of the necessity, and although his major interest is in surgery and obstetrics, he proudly lists himself in the County Society Directory as a general practitioner. Dr. Bird's life, by no means ended, could well serve as a guide post for all current medical students, particularly those of the University of Maryland, of which he is a proud alumnus.

It seems fitting at this juncture to review Dr. Bird's career so that all of us, alumni of the University of Maryland and those about to become alumni of the

school, may reflect on the responsibilities of being a physician. Too frequently, the physician beginning his practice is unaware of the great expectations the vast lay public has for him. It is important that he understands the respect accorded him because he is a physician has its wellsprings in the integrity and intellect and industry of the generations of doctors that preceded him. These antecedents set standards of imagination, leadership, and sympathetic understanding which hopefully he will carry on in traditional fashion. These professional ideals are still sought after, even in the most complex urban societies. Dr. Bird and his contemporaries know this fact. The great meccas of institutional medicine somehow fail to imbue their trainees with the spirit of unstinting service. Trite as it may be, the practice of medicine is, in fact, an art, supported by the ancillary sciences. If this traditional idealism is abandoned, then we can expect more intense and more frequent assaults on our profession by the many interested lay groups. But if one can take pride in the accomplishments of men of such stature as Dr. Bird, then he himself has the necessary idealism to carry on similarly in his turn when they relinquish the burden, as inevitably they must.

Dr. Bird's half century of medical practice has been characterized by service to every individual that sought his aid and to the communities to which he belonged. So it will be in the years yet to come.

### **Recent Southeastern Surgical Congress Attracts Many Maryland Alumni**

**Ross Z. Pierpont** informs us that quite a number of Maryland alumni

were present at the recent Southeastern Surgical Congress held March 9-12, 1959. These included **Henry Briele**, **John Bloxom** and **Philip Insley** of Salisbury; **C. Martin Rhode** from Augusta, Ga.; **C. Parke Scarborough** and **Earle P. Clemson** of Baltimore, Md.

### **Southern Medical Meeting in Atlanta to Feature U. of M. Reunion**

AGAIN the Medical Alumni Association will sponsor a reception and dinner on the occasion of the 1959 meeting of the Southern Medical Association planned for November 1959 in Atlanta, Ga. Details of the reception will be published in the October 1959 BULLETIN, or may be secured directly from the Alumni office.

**Dr. Louis O. J. Manganiello** of Augusta, Ga., will serve as Chairman of the Committee on Arrangements. It is planned that the reception and dinner will be held on Tuesday, November 17. Additional information may be obtained by writing directly to **Dr. Louis O. J. Manganiello**, 1467 Harper St., Augusta, Ga., or to **Dr. William H. Triplett**, Executive Director, Medical Alumni Association.

### **Seen at the American Association of General Practice Meeting**

**Eva Dodge** of the Class of 1925 and a member of the Faculty of the Department of Obstetrics of the University of Arkansas had an exhibit on the subject of Obstetrical Anesthesia. Also seen at the meeting were **William Keezer** and **Otto C. Beyer**.

## Obituary of a Doctor

A DESCENDANT of the late Dr. Francis Hollis Newman of the Class of 1826, Mrs. John B. Steele, recently presented the School of Medicine with a photostatic copy of his obituary, and at the same time presented to the School of Medicine Dr. Newman's diploma granted him in 1826.

Dean Stone, in acknowledging the kind offices of Mrs. Steele, noted with great interest the many attributes possessed by Dr. Newman, his wide interests and the fruitful and interesting life which was that of a physician in the old South. The *BULLETIN* reproduces verbatim the obituary of Dr. Francis Hollis Newman, Class of 1826.

### **Dr. Francis Hollis Newman**

DIED, in the city of Huntsville, on the 3d day of November, 186—, DR. FRANCIS HOLLIS NEWMAN, in the 64th year of his age.

The deceased graduated as a doctor of medicine in the city of Baltimore, in the spring of 1826, and immediately connected himself with the largest hospital of that city, for the purpose of obtaining a practical knowledge of the profession, to which he ardently and enthusiastically devoted himself for the long period of more than 35 years.

After remaining in the hospital practice for nearly two years, Dr. Newman came to the neighborhood of Huntsville. In 1828, he settled at the house of his half brother, Capt. John F. Newman, and very soon entered upon a successful and lucrative practice. Being solicited (sic) by his friends, he removed to Huntsville, where he resided for about 35 years.

The writer of this feeble tribute to the

memory of a long tried friend, knew him well and intimately, from the day of his arrival in Alabama, to the hour of his death. As a gentleman, he was high-toned and courteous, social, liberal, and charitable to a fault; as a physician, tender, sympathising, and devoted to his patients; in the sick room, watchful and scrutinizing, and always ready to meet and fulfill the indications of disease. Throughout a large and extended practice, in every department connected with the healing art, he was known proverbially to the profession as the urbane gentleman, the philanthropist, and the scientific physician.

Whether in the consultation room, or in the ordinary interchange of views with the younger brethren of the profession, Dr. Newman was never known, either by insinuation or otherwise, to reflect upon the qualification or character of any physician. Studiously observant of professional etiquette, he would gently and forcibly impart his views, and, with child-like simplicity, attribute any error in thought or act to the best of motives. In every department of medicine, he was thoroughly versed and had no superior in a number of the collateral sciences. In analytic chemistry and geology, he was proficient and expert, and was well known to be an excellent manipulator in both of these departments.

Apart from his professional duties, he devoted much of his leisure time to the study of astronomy, and kept pace with the improvements made in astronomical apparatus, and the modern discoveries connected with the planetary system.

In agriculture he took much interest, and intimately acquainted himself with

the composition of different soils, and their adaptation to the culture of agricultural products. In short, he was a reading man and student, a scientific man and the practical and useful citizen. He was a man of great decision of character, steady and indefatigable in the prosecution of his plans, and unswerving and unflinching in the defense of truth and justice. With a mind well-stored with useful knowledge, with a mature experience acquired by industry and practical habits, he was pre-eminently qualified to discharge all the duties of a physician. Long will his professional services be remembered in Huntsville. All, rich and poor, were equally the recipients of his skill and kindness.

The writer of this notice knew him in all the relations of life; as the useful and estimable citizen, he knew him for 37 years, as the professional man, for 33 years, and as the husband and father, for nearly 30 years. In all the diversified and ever changing phases of this long period of time, no matter in what situation in life, in all circumstances, whether in prosperity or adversity, in health, or worn down by fatigue and disease, he maintained the same dignity of character, the same persistency and consistency of purpose, and prominently stood forth an honest man, "the noblest work of God."

No man can say, with truth, that Dr. Newman had an enemy. No deviation from an honorable and upright course can be charged against him. No tongue of slander ever aspersed his fair name. He lived a long life, much the largest portion in Huntsville, and died lamented by all.

In reviewing the life of this remarkable man, (*unable to decipher*), the periods that marked the first acquaintance and the last attendance at his burial by the writer of this notice, there are

exhibited throughout a beauty and harmony intermingled, developing a character eminently fit to attract and elicit the admiration of a refined and intelligent community.

Frugal, temperate, and systematic in his habits, industrious and persevering in the discharge of his professional duties, and scrupulously conscientious in regard to all the obligations of husband, father, and citizen, he has left an example well worthy of imitation. Though not a constant attendant upon the preaching of the Gospel, he respected the cause of religion and contributed liberally to the support of the ministry. Some time before his death, his views underwent a complete change in relation to a future state of existence, and of rewards and punishments in another world. He acknowledged his errors of opinion of former years, and expressed a full conviction of the importance of being religious, and a preparation for the hour of death.

The writer of this notice saw him a few hours before he breathed his last, and retains a vivid recollection of the last meeting with Dr. Newman in this world. His last words will be given literally, and as he uttered them. After recognition, he put his arm about the neck of the writer, and said: "Well, my old friend, I am going; I am about to die, but I am not afraid to die." These were the last words he was heard to speak, and in a short time died with calmness and composure.

He has left a wife and ten children to weep and mourn for him, a large circle of friends to cherish his memory, and a name for probity and professional excellence, which will stand as a monument to the present generation.

"Peace to his ashes," and long may he live in the memory of his friends.

## CLASS NOTES

### Class of 1894

**Joseph M. Postelle** of 543 Regal St., Houston, Texas, died on May 14, 1959. Dr. Postelle was 94 years old.

### Class of BMC 1895

**Benjamin T. Bitting**, of Enid, Okla., died on January 26, 1959, at the age of 91.

### Class of 1899

**James Newton Brawner, Sr.**, a pioneer Georgia physician and former president of the Fulton County Medical Association, died on March 7, 1959, at Spring Hill, Georgia.

A psychiatrist with a private practice in Atlanta dating back to 1899, Dr. Brawner was born in Harris County near Chipley. He established the Georgia Pasteur Institute in 1900 and operated it until 1910 when the State of Georgia assumed treatment of rabies.

An alumnus of the College of Physicians and Surgeons, Dr. Brawner took post-graduate work in Europe after his graduation. He was a member of the Fulton County Medical Society, the Medical Association of Georgia, the Southern Medical Association, the Georgia Psychiatric Association, and the Southern Psychiatric Association.

### Class of 1900

**Irving J. Spear** has moved his offices from 928 N. Charles St. to the Marlborough Apartments at 1701 Eutaw Place in Baltimore, Md. Dr. Spear, now 83, is in good health and would be very pleased to see all his old friends at his new address.

### Class of B.M.C. 1901

**James McClung**, now in his 85th year, recently had the misfortune to fall,

sustaining a compression fracture of the first lumbar vertebra.

### Class of BMC 1902

**Otto M. Hendershot** of Columbus, Ohio, died January 14, 1959, at the age of 90.

### Class of 1902

**James L. Gallagher**, who had practiced medicine in Buffalo, N. Y., since his graduation from the School of Medicine, died at his home on March 10, 1958. He was 81 years old.

A native of Sangerfield and the son of Martin and Mary McHugo Gallagher, he attended school in Baltimore and was a graduate of Loyola College in Baltimore.

Following his graduation from the School of Medicine, he returned to Buffalo and later joined the staff of the Sisters' Hospital, serving also on the staff of St. Mary's Maternity Hospital. In 1911 he studied for a while in Germany and later, in 1922, took postgraduate work in London. During World War I he served with the Army Medical Corps and was later a member of the American Legion. He was a former president of the Physicians' Protective Association of Erie County, N. Y., and former chairman of the Legislation Committee of the Erie County Medical Society.

In 1952 the Medical Alumni Association honored Dr. Gallagher with the award of the Honor Diploma for 50 years of service as an alumnus of the School of Medicine.

### Class of 1904

**Walter Van Sweringen** of Amarillo, Texas, died November 16, 1958, at the age of 78.

**Class of P & S 1905**

**I. Danna Kahle** of Knox, Pa., died on January 1, 1959, at the age of 83.

**Class of 1905**

**Stuart Baskin Sherard** of Gaffney, S. C., died January 2, 1959, at the age of 79.

**Class of B.M.C. 1906**

**Edward Fitch Briggs** of Truro, Mass., died on May 21, 1959.

**Class of P & S 1906**

**Lewis McNeer** of Bristol, Tenn., died on December 10, 1958, at the age of 80.

**Class of 1907**

**John Burr Piggott, Sr.**, died on February 11, 1959. He was 82.

Born on September 11, 1876, in Hamilton, Va., Dr. Piggott was raised in Loudon County and attended college at Randolph-Macon College, Va., receiving his degree from the University of Maryland in 1907.

He later took postgraduate training in general surgery at the University Hospital and at the Mayo Clinic. For a time, he served as Medical Superintendent of the University Hospital. In World War I he volunteered and served as a major in the Army Medical Corps. After the conclusion of hostilities, he began private practice in general surgery in Washington, D. C., which he pursued for a period of approximately 40 years. At one time he was a member of the teaching staff of the George Washington University School of Medicine.

He is survived by a son, Dr. Burr Piggott, Jr., and by a nephew, Dr. John Piggott of Leesburg, Va.

**Class of B.M.C. 1910**

**George F. Speicher** died December 25, 1958, of a coronary at the age of 75 years. He was born in Sipesville, Pa., on July 27, 1883. He attended Indiana State Normal School and taught school for several years before entering the Baltimore Medical College, Baltimore, Maryland. Graduating from Baltimore Medical College in 1910, he served the following year on a rotating internship at the Maryland General Hospital. He was a member of the local Chapter of Phi-Chi Medical Fraternity. He is survived by a wife and three children. He was a member of the Somerset County Medical Association and the Somerset Rotary Club.

During George's student career, he was a serious student and rendered a high grade of service at the Maryland General Hospital during his internship. He was highly regarded by all his associate medical students and friends. He was the type of an individual known to his friends and close associates as a solid personality.

The following tribute is expressed through his Rotary Club by a Lutheran clergyman, Dr. Wagner:

"A community was deeply shocked and greatly bereaved by the sudden passing of one of its distinguished citizens, Dr. George F. Speicher, at Christmas time.

"George was an ardent Rotarian. He was a charter member of the Rotary Club of Rockwood and its first president. He held a perfect attendance record in the Rockwood Club and maintained that record at Somerset, except for a meeting or two in recent months when the affliction which caused his sudden demise held him bedfast. He attended approximately 1100 consecutive meetings.

"George was endowed with a gracious personality and had a great capacity for friendship. His friends were a multitude. He was skilled in and dedicated to his

profession of medicine, and was held in high esteem by the members of his craft for his skill and ethical standards. He was an outstanding citizen deeply interested in and cooperative with the affairs of the communities in which he resided. In the family circle he was princely and greatly beloved.

"A fine citizen, a valued friend, a devoted and skillful servant of the afflicted, now rests from his labors, but his works do follow him."

**Walter I. Neller**

#### **Class of 1911**

**Herbert A. Codington** of Wilmington, N. C., died on May 21, 1959, of coronary occlusion.

#### **Class of 1913**

**Philip J. Bean** was recently honored at ceremonies in St. Matthew's Cathedral in Washington, D. C., with the Knighthood of St. Gregory, one of the highest Papal decorations, which has been awarded to only 27 other men in his immediate community.

Simultaneous with the Papal honor came the announcement that the Lexington Park (Md.) Chamber of Commerce would honor him as the St. Mary's (Md.) County Man of the Year.

Despite his 67 years, Dr. Bean rarely works less than 18 hours a day, starting with office hours from eight to nine in the morning, followed by house and hospital calls.

Always identified by his classmates as a "very conscientious student not given to frivolity, but at the same time agreeable," as a student he was always to be found at lectures and in laboratories "on the very first bench," busily engaged or absorbed in the classroom lectures and demonstra-

tions. He was an assiduous student in the laboratories; faithful and dependable; a very well-liked classmate.

After his graduation from the School of Medicine, he served his internship at the City Hospitals and later returned to Lexington Park, where he has practiced since, except for service in the Medical Corps of the United States Army in 1917-1919.

#### **Class of P & S 1913**

**Raymond James Quinn**, of Waterbury, Conn., died January 13, 1959, at the age of 66.

#### **Class of P & S 1914**

**John C. McAninch** of 308 W. Lincoln Ave., McDonald, Pa., writes: "*I have often recalled the days spent at P&S and my many classmates; however, I have only attended two reunions, the 10th and the 25th.*" Dr. McAninch is interested in locating the secretary of his class.

#### **Class of 1924**

**M. Martyn Kafka** is the author of a *Bibliography of Aviation* and other scientific articles. This reference is published privately by Dr. Kafka, whose address is 109-05 72nd Avenue, Forest Hills, L. I.

Dr. Kafka, formerly a flight surgeon with the United States Army Air Force, has served widely in aviation medicine. He is a member of the faculty of the New York University Medical School, in the Department of Otolaryngology and is Lecturer on Aviation, Ophthalmology, and Otolaryngology at the Louisville Medical School in Kentucky, and at Tulane University School of Medicine. He is Consultant Flight Surgeon to the Republic Aviation Corporation and to the East Coast Division of United Air Lines. He

is also a Fellow of the American Academy of Ophthalmology and Otolaryngology, the Medical Aero Association, the National Association of Authors and Journalists. Aside from many contributions to the pathology and physiology of aviation medicine, he is the author of a textbook, *Flying Health*, published by Military Service Publishing Co. He is the founder and president of the American Association for Motor Vehicle Safety.

#### Class of 1926

**Margaret B. Ballard** writes that **Hugh A. Bailey** of Charleston, W. Va., died in the Johns Hopkins Hospital on October 25, 1958, following an operation for carcinoma of the lung.

#### Class of 1929

**Jacob H. Conn** recently addressed the annual meeting of the Medical Society of New Jersey, speaking on the subject, "The Use and Abuse of Medical Hypnosis."

#### Class of 1930

**Morton L. Levin**, for a number of years Assistant Commissioner for Medical Services of the New York State Department of Health, was recently honored by an appointment to the American Cancer Society as one of its lifetime career investigators. Dr. Levin will serve as American Cancer Society-Charles Hayden Foundation, Research Professor of Cancer Epidemiology at the Roswell Park Memorial Institute in Buffalo, New York. This will enable him to relinquish his administrative responsibilities in the State of New York Department of Health and to devote himself exclusively to investigative work in the field of cancer epidemiology.

An alumnus of the Johns Hopkins University and of the School of Pharmacy of the University of Maryland, Dr. Levin was graduated from the School of Medicine *maxima cum laude* in 1930. In 1934, he received the degree of Doctor of Public Health from the Johns Hopkins University School of Hygiene and Public Health. He served a rotating internship at the Sinai Hospital in 1930 and later served as Fellow in the Johns Hopkins University School of Hygiene and Public Health. He then became Health Commissioner of Ottawa County, Michigan. In 1935 he returned to Baltimore as an instructor in Epidemiology at the School of Hygiene, later becoming Associate Physician at Roswell Park Memorial Institute in Buffalo. In 1938 he became Associate Director of the New York State Legislative Cancer Survey Commission and subsequently served in numerous posts within the Department, ultimately being promoted to Assistant Commissioner for Medical Services in the New York State Department of Health, a post he has held since 1951.

Dr. Levin is a member of numerous medical and public health organizations and is the author of a large number of important publications, concerning principally the epidemiology of disease. He has served as Associate Professor of Preventive Medicine at the Albany Medical College and has been active on the Statistics Committee of the American Cancer Society, serving as Vice-Chairman in 1958. He has also been a member of the Committee on Carcinogenesis of the Food Protection Committee of the National Research Council. He is Consultant on Medical Research Planning of the World Health Organization, and is also a member of its Scientific Group on Cancer Research.

**Class of 1932**

**Herbert Eichert** died in an auto accident early Tuesday morning, February 2, 1959. He was born in Baltimore, May 28, 1907.

He was graduated from the University of Maryland with a B.S. degree in 1928. His M.D. degree was granted from the University of Maryland in 1932.

His postgraduate work consisted of internships at Union Memorial Hospital and Johns Hopkins Hospital in Baltimore from 1932 to 1934. He was Resident at the American Hospital of Paris, France, from 1934 to 1935, and returned to take a senior residency in medicine at Johns Hopkins Hospital from 1935 to 1936.

He began the practice of medicine in Miami, Florida, in 1937 and practiced until 1942, when he enlisted in the United States Navy. He was discharged in 1945 as a Lt. Commander, Medical Corps, United States Navy. During this time he was attending cardiologist at the United States Naval Hospital No. 10.

Following his discharge from the Navy, he returned to Miami and practiced cardiology until his death. He was an associate of the American College of Physicians in 1943, and was made a fellow of the American College of Physicians in 1948. He was a diplomate of the American Board of Internal Medicine from 1941 and a diplomate of the American Board of Cardiology from 1946.

He was past director of cardiology at Jackson Memorial Hospital and chief of staff of the National Children's Cardiac Home. He was past president of the Miami Heart Association, 1949, and was also a consultant in cardiology at the Veterans Administration Hospital since 1949.

He was past secretary of the Medical Board of the University of Miami School

of Medicine and past vice-president of the American College of Cardiology and past vice-president of the Florida Heart Association. He was a fellow of the American College of Chest Physicians and for the past year had been Chief of Medicine at Mercy Hospital, Miami, Fla.

He was the author and co-author of many medical papers pertaining to cardiology; the latest of which was, "The Use of Mona Lactate in Complete Heart Block."

Dr. Eichert had many hobbies, the favorite being flying and the most recent being skin diving. Flying was relaxation for him, and he made many trips to far corners of the state and country to see friends and patients. He was an accomplished flyer and recently had completed his advanced instrument rating.

He was survived by his wife, Ruth, and one daughter, Mary Warfield, two brothers and two sisters.

Dr. Eichert will be missed by his colleagues, friends, and patients in all walks of life. He will be remembered for his enthusiasm, zest for life, scientific knowledge, unselfish devotion and because he was an individual whom a man would be proud to know.

EDWARD W. ST. MARY, M.D.  
*The Bulletin*, Dade County Medical  
Association, Miami, Fla., March, 1959

**Herbert Berger**, who is past president of the Richmond County Medical Society and the New York City Medical Society, has been recently elected president-elect of the New York State Society of Internal Medicine. For many years, Dr. Berger has been president of the Blood Banks Assn. of New York State. Dr. Berger heads the Berger Clinic at 7440 Amboy Road, Tottenville, Staten Island 7, N. Y.

### Class of 1935

**J. Frank Williams** is now in the practice of general surgery at 229 Washington Ave., Clarksburg, W. Va.

### Class of 1936

**Nathan Wolf**, whose address is 126 Main St. in Brawley, Calif., is actively engaged in the practice of anesthesiology. Located in Southern California in the Imperial Valley area, Dr. Wolf reports that he has been recently elected chief of staff of the Pioneer Memorial Hospital and has been active on the medical executive committee of that hospital for a number of years. He is a member of the California Medical Association, the Imperial County Medical Association, and the American Medical Association and is active in the American Society of Anesthesiologists.

### Class of 1938



**John Z. Bowers**

**Receives University  
of Maryland  
Honorary Degree**

At the Commencement exercises held at College Park on June 6th, **John Z. Bowers** received the honorary degree of Doctor of Science in the University of Maryland.

Dr. Bowers' early "history" is well-known to members of the Class of 1938 and others.

Following his graduation from the School of Medicine, he served a two-year internship at the University Hospital, followed by a year of assistant residency in Medicine.

A member of the armed forces reserve, John was called to active duty very early in the emergency prior to the beginning of World War II. He served with distinction in the United States Navy as a medical officer, receiving numerous citations for distinguished service under fire, being awarded the Combat, Legion of Merit, and the Purple Heart. He was discharged from the Navy with the rank of Commander following a brief tour of duty as Laboratory Officer attached to the United States Marines.

In 1948, following two years of private practice in Baltimore, he became deputy director of the Division of Biology in Medicine of the United States Atomic Energy Commission and was medical consultant of the Ford Foundation. Later he became Professor of Radio-Biology and director of the Radio-Biology Laboratory at the University of Utah College of Medicine, subsequently serving as Dean of the School of Medicine. Since 1955, he has been Dean of the School of Medicine of the University of Wisconsin.

### Tim Callahan Dies

A dispatch from his late home in Mosquero, N. M., briefly stated that **Tim Callahan** died suddenly May 3, 1959. He was 44 years old.

The eldest son of Dr. T. A. Callahan, Sr., formerly health director for Harford County, Md., Tim was first a student at St. John's College and later graduated at the School of Medicine, following which he served a two-year internship and one year as an assistant resident in the University Hospital.

Early in 1940, he sensed the importance of medical participation in what he considered to be the inevitably spreading European war, so Tim joined the British Army and after a short period in England was transferred to a post in

India which he held until the entrance of the United States into World War II. In 1944, as a result of his investigative work, Dr. Callahan was awarded the Legion of Merit.

In 1946 he returned to Baltimore and practiced medicine for a while in company with his brother-in-law, Dr. T. Nelson Carey. He later moved to Mosquero, N. M., where he was active in the general practice of medicine.



**Stanley E. Bradley**

**Named Professor**

**of Medicine at**

**Columbia University**

**Stanley E. Bradley**, a member of the class of 1938, has been recently named Professor of Medicine in the Columbia University College of Physicians and Surgeons, New York City.

A native of Columbia, South Carolina, Dr. Bradley received his pre-medical training at the Johns Hopkins University. After his graduation, he served a two-year rotating internship at the University Hospital, following which he became Commonwealth Fund Fellow in Medicine at New York University. At this time he began his lifetime interest in the physiology and pathology of the kidney.

In 1942 he was named Instructor in Medicine at the Boston University School of Medicine, subsequently being promoted to Assistant Professor of Medicine. In 1947 he returned to New York as Assistant Professor of Medicine in Columbia University, being promoted in 1949 to Associate Professor and in 1958 to the honor of full Professor.

Dr. Bradley's many publications relating to renal physiology and pathology are known to all. Despite the many demands for his time and energies, he has seen fit on one occasion to return to the School of Medicine where he delivered one of the principal addresses given in honor of Dr. Hugh R. Spencer on the occasion of his retirement.

While a student in the School of Medicine, he married Geraldine Powell, who also later became a member of the resident staff at the School of Medicine in the Department of Pediatrics.

Dr. Bradley's many honors include membership in a number of scientific associations, including the Harvey Society, the American Medical Association, the Massachusetts Medical Society, the American Heart Association Founders' Group and Scientific Council, as well as the Council for High Blood Pressure Research.

He is also a member of the American Association for the Advancement of Science, the American Society for Clinical Investigation, in which he has been a member of the editorial committee of the *Journal of Clinical Investigation*, since 1948, serving as Editor-in-Chief from 1952 to 1957. He also served as Counsellor from 1950-52 and as the Society's president in the year 1957. Dr. Bradley also enjoys membership in the American Physiological Society, the Society for Experimental Biology in Medicine, the Association of American Physicians, the Association for the Study of Liver Diseases, and he is a *Membre d'Honneur, Societe de Pathologie Renale of France*.

He has been active in the Mt. Desert Island Biological Laboratory, serving as trustee during the year 1947. He was the University Prizeman and the Medical Medalist in 1938 and received the

Edward N. Gibbs Prize of the New York Academy of Medicine in 1947. He has been made an honorary member of the Renal Association of Great Britain. He is a member of the Interurban Clinical Club, the Peripatetic Society, and has served as a member of the Editorial Board of the *Journal of Medical Education* since 1955. He is a diplomate of the American Board of Internal Medicine.

In commenting on Dr. Bradley's appointment, Dr. Robert F. Loeb wrote:

"In 1921 Dr. Walter W. Palmer, Director of the Medical Service and Bard Professor of Medicine in the College, built the foundations for what was to become, under his leadership, a Department and Service of unusual strength. The following profile which characterizes the qualities, both personal and professional of Dr. Palmer, may serve a useful purpose in delineating those characteristics to be sought in an individual to carry on the healthy and solid traditions established.

"This man must have integrity, wisdom, solid judgment, selflessness, warmth, and understanding. He must have a deep and abiding interest in the problems posed by medicine—in science, education, and patient care. His scientific background must include at least one area in the study of which he has developed appreciation of the scientific method, inexorable critique, and a sense of relative values in scientific endeavor. He himself must have imagination, but also the capacity to stimulate and encourage those about him. He must have an understanding concern for the aims of medical education at its various levels and insight into the current and potential problems of health as related to the community as well as to the individual. He should be a sound clinician with broad experience in medicine not limited

to his area of special interest. The term sound clinician merits some sharpening of definition. The soundness of a clinician is not measured by his capacity to recognize the exotic in medicine. He is not an individual with authoritarian omniscience. The great clinician discerns the essence of a problem and recognizes how to seek and where to find pertinent information—he is not one who believes himself to be in possession of it. By his intimate comprehension of disease mechanisms in one area based on his own investigative efforts he has developed a scientific critique which permits him to understand how to approach the patient's problem in other areas, for surely there is a common denominator. In human relations he must be an example of tolerance, warmth, and humility; in science a gentle but austere scholar as willing to follow as to lead; and, finally, in the care of the patient a dedicated servant to his fellow man.

"It is a great satisfaction to announce that on July 1, 1959, Dr. Stanley E. Bradley will become Director of the Medical Service and Chairman of the Department of Medicine."

In a letter to the BULLETIN, Stan comments, "It is certainly very nice of the BULLETIN to notice my appointment in this way. As you must know, I am bound to Maryland by strong bonds of affectionate remembrance that give a special value to good wishes coming from you and all the other people there with whom I have worked."

#### Class of 1940

**William D. McClung**, F.A.C.S., is now located at 1123 Virginia St., East, Charleston, W. Va., where he is engaged in the practice of general surgery.

Dr. McClung is also president of the West Virginia Chapter of the American

College of Surgeons. He has been recently appointed by the Governor of West Virginia for a nine-year term on the State Board of Health.

**Ross Z. Pierpont**, 5408 Purlington Way, Baltimore, recently read a paper at the Southeastern Surgical Congress entitled "Experience and the Use of the Zimmerman Type of Hernioplasty."

**Howard N. Stayton, Jr.**, of Newark, Del., died January 23, 1959, at the age of 44.



**Glenn Horner Algire**, Medical Director, National Cancer Institute of Health, Bethesda, Maryland, died on April 29, 1958 at the age of 50. Dr. Algire's death came after a long illness which he bore with great fortitude and patience. He was born in Baltimore, November 5, 1907, the son of Charles T. and Helen L. Newman Algire.

Dr. Algire's mother died when he was 13. However, an aunt, Mrs. Jane B. Laib, played an important role in his early professional career. Mrs. Laib can be remembered by Baltimoreans as Director of the Bureau of Public Nursing in the Baltimore City Health Department.

His career was as unique as his personality. After his graduation in 1926 from the Maryland State Teachers' College, he taught grammar school in a one room school in the mountains of Maryland near Blue Ridge Summit. In 1928

he passed the New York State Teachers' examination and was appointed to teach high school in Northport, L. I., New York. While teaching in this school, he began his studies at New York University and Columbia University which he attended during the summer months. Part of his background training was also obtained at the Johns Hopkins University. In 1935 he received the Bachelor of Science degree from Columbia University and entered the School of Medicine of the University of Maryland.

Algire was a born researcher. Early in his freshman year he showed great fascination for experimental work and became closely associated with the Department of Anatomy in studies on the functional structure of the thyroid gland which at that time occupied the interest of his teachers. He became so absorbed in these researches that he interrupted his medical studies for a year, becoming a Weaver Fellow in the Department of Anatomy. The following year he re-entered the School of Medicine but continued to devote much of his time to these researches through his student years and again while he served an internship in internal medicine under the special guidance of Dr. Maurice C. Pincoffs at the University Hospital.

His endeavors culminated in the construction of an apparatus which permitted the observation of minute structures of the thyroid gland under the oil immersion lens of the microscope so that the living thyroid gland could be observed while normally supplied with blood in the living subject. These researches proved for the first time that the cytological structures of the thyroid gland described heretofore on the basis of observations of histological sections and of fresh tissues were not technical artefacts, but exist in the same way in

the living thyroid gland. Upon the conclusion of his internship in 1941, he was awarded a Finney-Howell Foundation Fellowship to the National Cancer Institute, at first as guest research fellow and later with advancement to the position of Senior Surgeon and finally of Medical Director. After his appointment at the National Cancer Institute he again turned his attention and inventive genius to the construction of an apparatus for the observation of living tissues in warm-blooded animals; he developed a method of inserting into a fold of the skin on the back of a mouse a transparent chamber enabling him to observe microscopically growth processes and particularly vascular responses of implanted normal and malignant tissues under varying experimental conditions. In order to describe accurately his observations, he devised ingenious quantitative methods. He became an international authority in studies of the behavior of living tissues and cells.

In many ways his personality was unique, leaving in the hearts and minds of all his friends unforgettable impressions and memories. He was a combination of great gentleness with persistence, endurance, and firmness. Once his mind had set its direction upon a definite goal he would not desist in his efforts to overcome what appeared even the most insurmountable obstacles. He was a genius in devising technical apparatus and had the ability of working with and putting together the most minute parts of scientific machinery. Most unusual was his sense of organization and order. Until 1940 the laboratories of the Department of Anatomy were housed in the old medical building, the departmental members being permitted to utilize a space of not over 100 square feet each. In one of these small cubicles Dr. Algire

built for himself a complete laboratory; a veritable showplace including a binocular microscope, dissecting microscope, camera, several types of illumination apparatus, a microinjection outfit, a micro-manipulator and several types of cages to hold experimental animals during periods of observation, all the apparatus being constructed so that one piece could be interchanged into the other without the operator having to leave his seat. Dr. Algire had the entire cubicle mounted upon a shockproof platform to obviate vibration from external sources.

Dr. Algire is survived by his widow, the former Dorothy Hamilton, and three children.

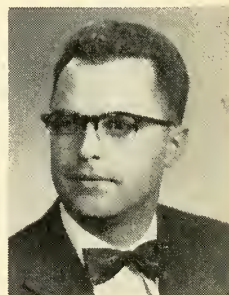
EDOUARD UHLENHUTH, Ph.D.

### Class of 1945

**Joseph M. White**

**Prominent in**

**Drug Industry**



**Joseph M. White**, Medical Director of the Warner-Chilcott Laboratories (a division of Warner-Lambert Pharmaceutical Co.), has continued his activities in the field of pharmaceutical chemistry since his graduation from the School of Medicine in 1945.

Dr. White, a native of Baltimore and an alumnus of Loyola College, served his internship in the South Baltimore General Hospital from 1945-46, and from 1946 until 1948 served in the United States Army, at which time he was active in the Field Facilities for Research in Environmental Physiology,

Climatic Research Laboratory, Environmental Protection Section, Research and Development Branch; this was connected with the office of the Quartermaster General of the United States Army. Some of Dr. White's work was done at the Mt. Washington, N. H., laboratory and at the Churchill (Hudson's Bay), Manitoba, Canada, laboratory during the winters of 1946-47 and 1947-48.

Following his separation from the Armed Forces, he became a fellow in Pharmacology at the Yale University School of Medicine and was later Instructor and Assistant Professor of Pharmacology. He returned to the University of Maryland in 1953 and shortly thereafter, while continuing his activities in the School of Medicine, became Director of Medical Research for the Emerson Drug Co., later being appointed Medical Director. During this time, Dr. White became actively engaged in a number of nationwide projects, serving as a member of the Board of Directors of the Institute for the Study of Analgesic and Sedative Drugs.

When the Emerson Drug Co. merged with the Warner-Lambert Pharmaceutical Co., Dr. White first became a member of the Research Operations Committee of Warner-Lambert, later Assistant to the President of Warner-Chilcott Laboratories, and still later in a number of other responsible capacities. In 1958 Dr. White was promoted to Medical Director of the Warner-Chilcott Division.

On many occasions, he has served as visiting lecturer in Pharmacology to several universities and hospitals. He is a member of the Maryland Society for Medical Research, the American Association for the Advancement of Science, the World Medical Association, the American Medical Association, the Med-

ical and Chirurgical Faculty of Maryland, Torch International, The National Honor Society, Sigma Xi, and the New York Academy of Sciences. He is the recipient of the American International Academy Gold Medal for Chemistry and the Carrell Gold Medal for Anatomy.

Dr. White published a number of communications dealing with environmental hygiene and pharmacology while on duty with the armed forces. His scientific publications, dealing chiefly with pharmacology, concern the therapy of the arrhythmias, local anesthesia, and analgesics.

Members of the Medical Alumni (or their families) who are familiar with the popular compressed tablet, "Fizzies," may be interested to learn that Dr. White is the inventor and "father of the Fizzies." Some 300 to 400 million of these popular drink makers have been made and consumed.

Dr. White continues in medical research, medical writing, correspondence between his company and practicing physicians, and the production of visual instruments such as films and photographic displays.

Of interest to all is the fact that Dr. Mary Louise Touchet, also a member of the Class of 1945, is Mrs. White. They have three children, two sons and a daughter.

### Class of 1946

**Edward P. Smith, Jr.**, who is currently on active duty in the United States Air Force as a Lt. Colonel, is stationed at the Scott Air Force Base in Illinois.

**Irl J. Wentz** has recently announced the opening of his offices for the practice of orthopedic surgery at the Medical Arts Building in Salisbury, N. C. Dr.

Wentz was recently certified in Orthopedic Surgery by the American Board of Orthopedic Surgery, Inc.

**James A. Sewell** of Melbourne, Fla., was recently inducted into the American College of Surgeons. Dr. Sewell, who is currently engaged in the practice of surgery, was recently certified by the American Board of Surgery in this specialty.

#### Class of 1947

**W. Alfred Gakenheimer** has announced the opening of his office for the general practice of medicine at 3805 Belair Road in Baltimore.

#### Class of 1948

**George M. Allison** of 506 N. Getty St. in Uvalde, Texas, is currently serving as Chief of Staff of the Memorial Hospital. Dr. Allison is also president of the Nine Counties Medical Society of Texas.

**Norman Tarr** has been recently nominated a Fellow of the American College of Surgeons.

**Nicholas Mallis** has been enrolled as a Fellow of the American College of Surgeons.

#### Class of 1949

**George W. Knabe, Jr.**, is completing a two-year assignment with the U. S. International Cooperation Administration as Medical Education Advisor in Pathology to the University of El Salvador School of Medicine. As part of its foreign technical aid program, the United States is engaged in a cooperative project to improve medical education in this Central American university. Dr. Knabe is one of several U. S. Visiting Professors who are helping Salvadorean faculty to organize and develop basic science

departments. Since the work of a consultant is highly varied, besides teaching pathology in Spanish to the medical students, he is called upon to give medical conferences and also to teach dental students and give lectures in legal medicine to medical and law students. He has also helped to establish a School of Medical Technology in association with the medical school and is its present Director.

#### Class of 1950

**Joseph R. Cowen** has announced the opening of his office for the practice of Psychiatry at 16 East Biddle Street in Baltimore, Md. Dr. Cowen is a recent diplomate of the American Board of Psychiatry and Neurology.

#### Class of 1951

**H. N. Weeks**, who has been in general practice in Hagerstown, Md., recently experienced a four-month cruise as Ship's Surgeon with the Grace Line to South America and the Caribbean. Dr. Weeks' office is at 136 N. Potomac St. in Hagerstown.

#### Class of 1952

**Jonas R. Rappeport** was recently a successful candidate for certification in Psychiatry by the American Board of Psychiatry and Neurology. Dr. Rappeport is engaged in the practice of Psychiatry at 1117 St. Paul St., in Baltimore, Md.

**W. Morris Brown, Jr.**, recently completed a five-year surgical program at the Grady Memorial Hospital in Atlanta, in his final year serving as Chief Resident in Surgery at the Grady Hospital. Dr. Brown was also an instructor in Surgery at the Emory University School of Medicine.

**TEAR OUT**

TO THE BULLETIN:

[illegible]

Name \_\_\_\_\_

Address \_\_\_\_\_

Class \_\_\_\_\_

*Send to*

Bulletin—School of Medicine  
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Baltimore 1, Md.

## American Board Certification

## Change of Address

## Change of Office

## Residency Appointment

## Research Completed

## News of Another Alumnus

## Academic Appointment

## Interesting Historic Photographs

Recently certified by the American Board of Surgery, Dr. Brown has now opened his office for the practice of general surgery at 877 Hemlock St. in Macon, Georgia.

**Richard A. Sindler** comments briefly on the oyster roast held in December for members of the Medical Alumni Association.

In a letter to Dr. William H. Triplett, Dr. Sindler says, "This is just a short note of appreciation for a most pleasant evening at the oyster roast given the alumni the other day at the Medical Battalion Armory. It was very enjoyable both socially and gastronomically. I hope this affair will become an annual event."

#### Class of 1953

**D. E. Bullick, Jr.**, is engaged in the practice of internal medicine and allergy with offices at 2606 Elm St. in Lumberton, N. C. Dr. Bullick is associated with Dr. A. R. Pittman, Jr.

**Leonard B. Glick** has recently been awarded a National Science Fellowship for the year 1959 and 1960. Dr. Glick will continue his studies in the Department of Anthropology of the University of Pennsylvania, this work leading to a graduate degree of Doctor of Philosophy.

**Arthur C. Knight**, who was appointed Acting Superintendent of the Montana State Tuberculosis Sanitarium, was recently appointed permanent Superintendent by action of Governor J. Hugo Aronson. Dr. Knight succeeds Dr. Frank I. Terrill, who was Superintendent from 1937 until his sudden death in December 1958. Dr. Knight's address is Montana State Tuberculosis Hospital, R.F.D. No. 1, Deer Lodge, Montana.

#### Class of 1956

**Irvin Paul Pollack** is currently serving a residency in Ophthalmology at the Barnes Hospital in St. Louis, Mo.

**Richard L. Plumb** is now chief resident in Pediatrics at the Hermann Hospital, Houston, Texas; this residency is a part of the Baylor University program.

**Neil C. Henderson** has recently announced the opening of his office for the practice of Pediatrics at 780 N. W. 44th St., Fort Lauderdale, Fla. Dr. Henderson recently completed his residency at Crawford Long Hospital in Atlanta, Ga.

**Ted Carski** is currently located at the Communicable Disease Center, United States Public Health Service, and is active in the Virus and Rickettsial Section of this well-known national center which is located in Montgomery, Ala.

The laboratory where Dr. Carski is located adjoins the Gunter Air Force Base. Dr. Carski would welcome any Maryland alumni. In writing to the BULLETIN, he stated, "Tell them to look me up and we can arrange a tour of the lab. . . ." Dr. Carski's address is United States Public Health Service Virus Laboratory, Box 61, Montgomery 1, Ala.

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Continued from page xv

the rising costs of maintaining the office staff, the increased costs of printing and supplies, the necessity for improvements in the filing system, the increase in entertainment expenses for June week, and other sundry costs, it is necessary to increase the dues of the Medical Alumni Association from 6 dollars per year to 10 dollars per year which includes a 3 dollar subscription to the BULLETIN.

J. EMMETT QUEEN, M.D.  
*Secretary*



# Bulletin

## OF THE SCHOOL OF MEDICINE ~ UNIVERSITY OF MARYLAND

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# Bulletin OF THE SCHOOL OF MEDICINE UNIVERSITY OF MARYLAND

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## A Systemic Treatment for Some Superficial Mycoses

HARRY M. ROBINSON, JR., M.D., RAYMOND C. V. ROBINSON, M.D.,  
EUGENE S. BERESTON, M.D., L. LAVAN MANCHEY, PH.D., and  
FREDERICK K. BELL, PH.D.

THE successful treatment of some superficial mycoses by the systemic administration of griseofulvin, as reported by Williams *et al*,<sup>1</sup> Blank and Roth,<sup>2</sup> and Robinson and his associates,<sup>3</sup> marked a significant advance in chemotherapy. These investigators proved that griseofulvin, administered orally, is effective in the treatment of superficial fungus infections due to *Microsporum audouini*, *Microsporum canis*, *Trichophyton rubrum*, *Trichophyton mentagrophytes*, and *Epidermophyton floccosum*. This antibiotic was first isolated by Oxford and his associates in 1939<sup>1</sup> and its antifungal activity was first demonstrated by Brian *et al* in 1946.<sup>5</sup> Gentles<sup>6</sup> was the first to demonstrate the *in vivo* activity of this antifungal antibiotic in 1958. Infections of long duration (up to 60 years) apparently respond as readily as those of more recent origin.<sup>2</sup> This statement, reported by Blank and Roth,<sup>2</sup> has been confirmed by the work of Robinson and his associates.<sup>3</sup>

The following report includes results of treatment of a large number of patients with a variety of superficial mycoses, *in vitro* and *in vivo* studies, and suggestions for the most effective use of griseofulvin in the treatment of superficial fungus infections.

### Experimental Studies

A suspension of virulent *Microsporum canis* culture was massaged into the shaved bellies of three guinea pigs. After infection developed, a biopsy was performed and the tissue was stained with the Hotchkiss-McManus stain to demonstrate the presence of hyphae. Direct examinations were made and cultures were also performed to confirm the presence of active infection. Infected pigs were fed a daily dose of 20 mg. per Kg. of griseofulvin mixed in molasses. One infected control animal was not treated. One week later, on all three animals the scaling had almost disappeared, the Wood light examination was negative, and cultures were also negative. Biopsies performed at this time showed no hyphae in the stratum corneum. The rapidity with which the fungi disappeared from

From the Division of Dermatology, The Department of Medicine and the Department of Pharmacology, University of Maryland School of Medicine.

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the lesions in the initial experiments indicated that the lesions which developed in the infected pigs were superficial and would probably have spontaneously involuted without therapy. Further experiments have shown that when control animals were not treated the infection persisted, but, in treated animals, the infection disappeared rapidly.

Two dogs, weighing approximately 10 Kg. each, were infected, one with *Trichophyton mentagrophytes*, and the other with *Microsporum canis*. After infection had developed clinically, the presence of pathogenic fungi in each instance was demonstrated by the use of biopsy sections stained with the Hotchkiss-McManus stain, direct examinations, and cultures on Sabouraud's medium. Treatment was instituted using a dose of 25 mg. per Kg. daily. Biopsy examinations were made every second day to note the disappearance time of fungi. In all instances hyphae had disappeared from the superficial lesions within one week after the institution of treatment.

In order to develop resistant strains of dermatophytes *in vitro*, organisms were successively transferred to Sabouraud's glucose agar containing increasing concentrations of griseofulvin. Colonies were first grown on media containing 0.1 mcg. per ml. and, when the growth was well established, a transfer was made to another tube containing 0.25 mcg. per ml. Each organism was allowed to grow for at least two generations in each concentration. The concentrations were gradually increased to 15 mcg. per ml. The organisms used in this study were *Trichophyton rubrum*, *Trichophyton mentagrophytes*, *Microsporum audouinii*, *Microsporum canis*, and *Candida albicans*. In the cultures of *Trichophyton mentagrophytes*, *Microsporum canis* and *Microsporum audouinii*, changes in the

morphology of organisms were noted. The colonies were also altered in appearance. *Candida albicans* proved to be resistant in concentrations of at least 15 mcg. per ml. These are preliminary observations which are being corroborated by further studies.

In a previous study reported by the authors,<sup>3</sup> the efficacy of butyl acetate as an extractant for griseofulvin from biological fluids was demonstrated. Utilizing the method of Ashton and Brown<sup>7</sup> for the spectrophotometric assay of fermentation samples, the absorption spectra of solutions of griseofulvin in butyl acetate was determined in various dilutions. The absorption maximum is located at 289 millimicrons and yields a value of 690 for the specific absorbency. These results compare favorably with those of Ashton and Brown. A straight line plotted from the absorption spectra of the solutions containing various dilutions from 5 to 25 mcg. per ml. was used as the analytical standard for other studies. When known quantities of griseofulvin were added to the dog's blood in a test tube, it was possible to extract the exact amount of griseofulvin from the blood with butyl acetate. This experiment proved the efficacy of butyl acetate as an extractant. When 100 mg. of griseofulvin, dissolved in 5 ml. of polyethylene glycol 300, and further diluted with 2 ml. of normal saline solution, was injected intravenously into the vein of a male dog weighing 12 Kg., it was not possible to recover any of the griseofulvin from the dog's blood 20 minutes later. Spectrophotometrically, a reading taken from the second specimen was the same as the control.

Caffeine and theophylline were proved to have absorption properties approximating the griseofulvin absorption maximum of 289 millimicrons. It was con-

sidered important to assess the influence of the ingestion of xanthine-containing beverages on griseofulvin determinations. In a normal adult male who had not taken griseofulvin, a fasting blood specimen was obtained as a control. Following this the subject ingested caffeine citrate 300 mg. and three cups of strong tea. The second blood specimen gave a plasma reading corresponding to 3 mcg. per ml. measured with griseofulvin.

Utilizing the above technique, 24 hour specimens of urine were obtained from patients on griseofulvin prior to the administration of the drug, and after treatment had been instituted with a total daily dose of 1 gm. per day. Blood specimens were obtained prior to drug administration and daily thereafter. Spectrophotometric studies in these specimens indicated the concentration of griseofulvin in plasma was 0.5 mcg. per ml. and the greatest concentration of 24 hour specimens of urine was read as 2.36 mcg.

#### Clinical Studies

*Dosage schedules.* In initial experiments dosage ranged from single doses of 250 mg. of griseofulvin daily to a total daily dose of 1 gm. in an attempt to arrive at the optimum dose. Subsequent studies have indicated that the optimum daily dose for an adult varies between 750 mg. and 1 gm. In children up to the age of 12, the dose of 25 mg. per Kg. is used.

*The Treatment of Tinea Capitis with Griseofulvin.* Sixty-six patients with tinea capitis due to *M. audouini* and 12 patients with *M. canis* infections were treated with systemically administered griseofulvin. Approximately 25 mg. per Kg. was administered daily in divided doses. No adverse reactions were encountered. In many of the patients the authors used an electric clipper to remove

the hair from the infected heads each week until normal hair growth was noted and Wood light examinations were negative. In the rest of the patients the parents were instructed to have the head shaved or clipped each week until the patient was discharged as cured. Since the absence of fluorescence does not mean the absence of infection, patients were not considered cured until two successive negative cultures were obtained. New hair growth usually became apparent three weeks after initiation of griseofulvin therapy; in all instances the infection was cleared in five to six weeks. It was possible to obtain cultures from the free end of hair in the infected areas until it was replaced by healthy new growth. Five patients with *M. audouini* infections of the scalp developed reinfections five to seven weeks after having been discharged as cured. In all instances the infection cleared following the institution of treatment with griseofulvin for a second time. All patients with *M. canis* infections of the scalp were completely cleared after five weeks of griseofulvin therapy.

*Treatment of Onychomycosis with Griseofulvin.* Thirty-six patients with onychomycosis were treated with orally administered griseofulvin. In all instances the diagnosis was established by culture. Thirty of these patients had varying degrees of involvement of the toenails and fingernails due to *Trichophyton rubrum*. In nine of these patients the fingernails and toenails were involved, in nine the fingernails alone were involved, and in the remainder both toenails and fingernails were involved. One patient had involvement of the nails on only one hand. Two patients with *Trichophyton mentagrophytes* infection of the nails were also treated. A total daily dose of 1 gm. of griseofulvin in divided doses

was used in all instances. Response to treatment was the same in all patients regardless of duration of the condition. New growth became apparent in the fingernails three weeks after institution of treatment and proceeded at a rate of approximately 1 mm. a week. Appearance of new growth in the toenails was much slower and became apparent for the first time in five to eight weeks after institution of treatment with griseofulvin. It has been possible to culture viable fungi from the distal end of fingernails and toenails even when new nail growth is well established and almost complete. A minimum period of five months of treatment is necessary to produce a satisfactory result in fingernail infection. None of the patients with toenail infection have been discharged as cured although many have been under treatment for a period of seven months.

*The Treatment of Tinea Cruris with Griseofulvin.* Fifteen patients with tinea cruris which varied in duration from 6 months to 15 years were treated with orally administered griseofulvin. Twelve of these patients had *Trichophyton rubrum* infections, one had *Trichophyton mentagrophytes* infection and two had *Epidermophyton floccosum* infection. A total daily dose of 1 gm. in divided doses was administered. In all instances itching ceased in from 48 to 72 hours, regardless of duration of lesions. Clinical improvement became apparent in one week, involution of lesions was complete in four to six weeks. One patient with a *Trichophyton mentagrophytes* infection and one with an *Epidermophyton floccosum* infection relapsed in three and five weeks after completion of treatment. The lesions involuted after institution of treatment with griseofulvin a second time.

*The Treatment of Tinea Corporis with*

*Griseofulvin.* Eighteen patients with tinea corporis were treated with orally administered griseofulvin. Fourteen of these patients had *Trichophyton rubrum* infections which varied in duration from three months to 15 years and four had *M. canis* infection of one to two months duration. In all instances the itching subsided in one to five days regardless of duration of the condition and clinical improvement became apparent in one week. Involution of lesions was complete and cultures were negative in from four to nine weeks. All four patients with *M. canis* infections were free of lesions at the end of four weeks.

*The Treatment of Tinea Pedis with Griseofulvin.* Twenty-three patients with tinea pedis due to *Trichophyton rubrum*, *Trichophyton mentagrophytes*, or *Epidermophyton floccosum* were treated with orally administered griseofulvin. The duration of the infection in all instances varied from 5 months to 22 years. A total daily dose of 1 gm. in divided doses was used in all instances. Subjective symptoms subsided in 5 to 14 days and clinical improvement was noted after two weeks of griseofulvin treatment. It was possible to obtain positive cultures in these patients until clinical signs had disappeared. Improvement of foot infections proceeds at a much slower rate than noted in lesions on the trunk. In many instances the subjective symptoms subsided but evidence of maceration was still present in the interdigital spaces.

*Toxicity Studies.* Hemograms, urinalyses, liver function studies, and clinical observations performed before, during the treatment course, and after completion of treatment with griseofulvin did not reveal any abnormalities. Mild diarrhea was noted in several instances and one patient complained of constant dull headache but in no instance were the

reactions severe enough to necessitate termination of treatment. Five patients with a history of penicillin sensitivity failed to develop an adverse reaction to griseofulvin administration.

#### Comment

*Experimental Studies.* Although extensive studies had been performed both *in vitro* and *in vivo*, the method by which griseofulvin produces improvement remains obscure. It is possible that this drug has some peculiar affinity for keratin. The blood levels are extremely low when considered in relation to the quantity administered. This conclusion may be justified when the low solubility of this agent in aqueous fluids is considered. It is also possible that there is limited absorption from the gastrointestinal tract and that a metabolite rather than griseofulvin *per se* is the substance responsible for improvement in clinical symptoms. It is possible that some *in vivo* chemical or physical mechanism brings about a transformation of griseofulvin to such a form that it cannot be determined by the spectrophotometric method employed in this study. The authors have demonstrated that it is possible to recover the drug quantitatively when added to blood *in vitro*.

In initial experiments the authors experienced some difficulty in successfully inoculating guinea pigs with virulent strains of *M. canis* and postulated a theory that the rapidity with which griseofulvin apparently successfully eradicated the infection cast a doubt on the validity of the experiment. In subsequent studies, however, both guinea pigs and dogs were infected and control animals were also used. The results obtained closely paralleled the findings reported by Gentles. Griseofulvin rapidly eradicated infection in all instances.

*In vitro* studies designed to create resistant strains of dermatophytes to griseofulvin are still in progress. Definite gross and microscopic changes have been noted in organisms grown on the increasing concentrations of griseofulvin in Sabouraud's medium.

*Clinical Studies.* The results of clinical investigations, to date, indicate that a minimum daily dose of 750 mg. of griseofulvin is necessary for the treatment of superficial mycotic infections in adults. It has become apparent that 1 gm. of griseofulvin in divided doses is adequate for the average adult. In children, the total daily dose should be 25 mg. per Kg. body weight in divided doses.

The results obtained in the treatment of tinea capitis indicate that a dose of 1 gm. per day in larger children or 25 mg. per Kg. per day in divided doses is necessary to produce a cure in the treatment of tinea capitis. Eradication of infection may be obtained in five weeks. The criterion for cure must be negative cultures. In order to prevent reinfection, the child's hair should be removed at the initiation of treatment and the scalp should be shaved once each week until the child is discharged as cured. Caps should be burned or otherwise destroyed.

*Treatment of Onychomycosis.* Clinical improvement first becomes apparent in fingernail lesions in three weeks and in toenail lesions in five to eight weeks. It is possible to obtain a positive culture of the causative organism from the free end of the nail even when new nail growth is almost complete. Although improvement has been noted in patients with infected toenails, in no instance have any of these patients been discharged as cured. The minimum period of treatment for patients with fingernail

infections is five months. The patient should not be discharged as cured until two successive cultures have been taken.

Relief from subjective symptoms in tinea cruris is produced in 48 to 72 hours in infections due to *Trichophyton rubrum*, *Trichophyton mentagrophytes*, or *Epidermophyton floccosum*. Patients with monilial infections are not benefited by this drug. Involution of lesions is complete in from four to six weeks. It is possible to obtain positive cultures of the offending organisms from each of these patients until all clinical signs and symptoms have disappeared; therefore, a patient should not be discharged as cured until two successive negative cultures have been obtained.

In the treatment of tinea corporis, griseofulvin produced relief of subjective symptoms in from one to five days regardless of the causative organism or the duration of the condition. Involution of lesions is complete and cultures are negative in from four to nine weeks. Patients should not be discharged as cured until two successive negative cultures have been obtained.

In the treatment of tinea pedis, relief from subjective symptoms is obtained by the use of griseofulvin in five to 14 days and clinical improvement is noted after two weeks of griseofulvin treatment. Response to therapy in the treatment of tinea pedis is not as dramatic as in tinea corporis or tinea capitis and this is probably due to the modification of lesions by the location and environment.

Toxicity studies indicate that this is a relatively non-toxic drug.

### Conclusions

1. Griseofulvin, an antifungal antibiotic, is effective when administered orally in the treatment of superficial mycoses due to *M. audouini*, *M. canis*, *Trichophyton rubrum*, *Trichophyton mentagrophytes*, and *Epidermophyton floccosum*. It is of no value in the treatment of superficial infection due to *Candida albicans*.

2. Clinical and experimental studies indicate that griseofulvin is fungistatic rather than fungicidal in action.

3. The mechanism by which this drug produces its clinical improvement has not been determined.

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**DEPARTMENT  
OF  
OBSTETRICS & GYNECOLOGY**

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**ANNUAL REPORT**

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**Summary of Admissions, Discharges  
and  
Perinatal Mortality  
University Hospital**

**January 1, 1958 through December 31, 1958**

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**SCHOOL OF MEDICINE  
UNIVERSITY OF MARYLAND**

**Baltimore 1, Maryland**

## Obstetrical Report for the University Hospital

For Period January 1, 1958 through December 31, 1958

### I. SUMMARY

	White	Non-White	Total
Total Discharges.....	1705	2006	3711
Total Deliveries.....	1578	1808	3386
Multiple Pregnancies			
Twins (No. of sets).....	25	29	54
By cesarean section.....	0	0	0
Triplets (No. of sets).....	0	1	1
By cesarean section.....	0	0	0
Total Adult Deaths.....	1	0	1
Rates per 1000 live births.....	0.6	0.0	0.3
Total Live Births.....	1561	1773	3334
Total Fetal Deaths.....	17	35	52
Rate per 1000 total births.....	10.8	19.7	15.6
Total Neonatal Deaths.....	45	71	116
Rate per 1000 total births.....	28.5	40.0	34.8
Total Perinatal Mortality.....	62	106	168
Rate per 1000 total births.....	39.3	59.8	50.4
Perinatal Mortality (over 1000 grams).....	53	77	130
Rate per 1000 total births.....	33.6	43.4	39.0

### II. TOTAL DISCHARGES BY TYPE OF ADMISSION

	White	Non-White	Total
Abortion*, completion of.....	1	0	1
Abortion, spontaneous.....	4	13	17
Abortion, therapeutic.....	0	0	0
Ectopic pregnancy, early.....	2	39	41
Ectopic pregnancy, late.....	0	0	0
Full Term, spontaneous delivery.....	291	695	986
Full Term, operative delivery.....	1114	805	1919
Premature†, spontaneous delivery.....	38	122	160
Premature, operative delivery.....	128	155	283
Immature delivery‡.....	7	31	38
Admitted in third stage.....	0	0	0
Postpartum admission.....	6	3	9
Discharged undelivered.....	114	143	257
Not pregnant.....	0	0	0
Total Discharges.....	1705	2006	3711
Percentage.....	45.9	54.1	100.0

\* An abortion is any fetus or infant weighing between 0-400 Gm.

† A premature is any fetus or infant weighing between 1001-2500 Gm.

‡ An immature is any fetus or infant weighing between 401-1000 Gm.

## III. AGE AND PARITY—TOTAL PATIENTS DELIVERED

## A. White Discharges

AGE	PARITY											Total	Perinatal Mortality	
	0	1	2	3	4	5	6	7	8	9	10 & Over		No.	%
Under 15.....	3	—	—	—	—	—	—	—	—	—	—	3	1 (0)	33.3
15-19.....	159	47	10	5	3	—	—	—	—	—	—	224	6 (1)	2.7
20-24.....	196	163	73	27	9	5	1	—	—	—	—	474	23 (2)	4.9
25-29.....	72	148	106	51	25	13	7	3	1	—	—	426	16 (5)	3.8
30-34.....	21	66	69	54	30	20	10	4	4	1	1	280	12 (0)	4.3
35-39.....	6	22	26	22	20	12	5	1	2	3	1	120	2 (1)	1.7
40-44.....	4	3	5	1	4	1	1	1	2	1	1	24	1 (0)	4.2
45-49.....	—	—	2	—	—	—	—	—	—	—	—	2	1 (0)	50.0
50 and over.....	—	—	—	—	—	—	—	—	—	—	—	0	—	—
Total.....	461	449	291	160	91	51	24	9	9	5	3	1553	62 (9)	4.0
Perinatal Mortality.....														
No.....	15 (0)	15 (3)	17 (3)	4 (3)	5 (0)	4 (0)	0 (0)	0 (0)	2 (0)	0 (0)	0 (0)	62 (9)		
Per Cent.....	3.3	3.3	5.8	2.5	5.5	7.9	0.0	0.0	22.2	0.0	0.0	4.0		

The numbers in ( ) indicate immature deaths.

## B. Non-White Discharges

AGE	PARITY											Total	Perinatal Mortality	
	0	1	2	3	4	5	6	7	8	9	10 & Over		No.	%
Under 15.....	38	—	—	—	—	—	—	—	—	—	—	38	5 (0)	13.2
15-19.....	337	88	33	8	2	—	—	—	—	—	—	468	23 (8)	4.9
20-24.....	144	134	110	87	36	6	8	—	2	—	—	527	25 (7)	4.7
25-29.....	28	65	63	60	39	33	18	15	11	4	1	337	21 (7)	6.2
30-34.....	17	28	32	35	25	21	20	13	20	10	6	227	22 (6)	9.7
35-39.....	12	12	18	15	18	20	17	13	7	4	5	141	6 (1)	4.3
40-44.....	1	5	7	4	4	7	3	3	1	2	1	38	4 (0)	10.5
45-49.....	—	—	—	—	—	1	—	—	—	—	—	1	0 (0)	0.0
50 and over.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total.....	577	332	263	209	124	88	66	44	41	20	13	1777	106 (29)	6.0
Perinatal Mortality.....														
No.....	33 (8)	16 (5)	13 (3)	14 (5)	11 (2)	6 (4)	6 (1)	2 (1)	1 (0)	3 (0)	1 (0)	106 (29)		
Per Cent.....	5.7	4.8	4.9	6.7	8.9	6.8	9.1	4.5	2.4	15.0	7.7	6.0		

## IV. PRENATAL CARE—TOTAL PATIENTS DELIVERED

Number of Prenatal Visits	White		Non-White		Total		Perinatal Mortality	
	No.	%	No.	%	No.	%	No.	%
0.....	115	7.4	230	12.9	345	10.4	46 (23)	13.3
1-3.....	79	5.1	236	13.3	315	9.5	30 (7)	9.5
4-7.....	282	18.2	583	32.8	865	26.0	39 (5)	4.5
8 or more.....	749	48.2	639	36.0	1388	41.7	27 (0)	1.9
Elsewhere.....	48	3.1	22	1.2	70	2.1	0 (0)	0.0
Unknown.....	280	18.0	67	3.8	347	10.4	26 (3)	7.5
Total.....	1553	100.0	1777	100.0	3330	100.0	168 (38)	5.0

## V. SERVICE STATUS

Race	Private		Ward		Total	
	No.	%	No.	%	No.	%
White.....	1170	97.7	383	18.0	1553	46.6
Non-White.....	27	2.3	1750	82.0	1777	53.4
Total.....	1197	35.9	2133	64.1	3330	100.0

## VI. PRESENTATIONS—TOTAL INFANTS

Presentation	White		Non-White		Total		Perinatal Mortality	
	No.	%	No.	%	No.	%	No.	%
Vertex.....	1483	94.0	1714	94.8	3197	94.4	116 (24)	3.6
Breech*.....	79	5.0	78	4.3	157	4.6	41 (11)	26.1
Face.....	5	0.3	5	0.3	10	0.3	4 (1)	40.0
Brow.....	2	0.1	3	0.2	5	0.1	1 (0)	20.0
Compound.....	3	0.2	2	0.1	5	0.1	2 (1)	40.0
Transverse.....	5	0.3	4	0.2	9	0.3	3 (0)	33.3
Unknown.....	1	0.1	2	0.1	3	0.1	1 (1)	33.3
Total.....	1578	100.0	1808	100.0	3386	100.0	168 (38)	5.0
Twins.....	50	1.6	58	1.6	108	1.6	29 (11)	26.8
Triplets.....	0	0.0	3	0.05	3	0.03	3 (3)	100.0

## \*Breech Perinatal Mortality

Birth Weight Grams	White		Non-White		Total		Perinatal Mortality	
	No.	%	No.	%	No.	%	No.	%
401-1000.....	2	2.5	9	11.5	11	7.0	11	100.0
1001-1500.....	8	10.1	10	12.8	18	11.5	10	55.6
1501-2000.....	9	11.4	10	12.8	19	12.1	9	47.4
2001-2500.....	13	16.5	10	12.8	23	14.6	4	17.4
Over 2500.....	47	59.5	39	50.0	86	54.8	7	8.1
Total.....	79	100.0	78	100.0	157	100.0	41	26.1

Mortality over 1000 grams.....21.2%.

## VII. METHOD OF DELIVERY—TOTAL INFANTS

	White		Non-White		Total		Perinatal Mortality	
	No.	%	No.	%	No.	%	No.	%
A. Vaginal Deliveries.....	1516	96.1	1696	93.8	3212	94.9	157 (38)	4.9
1. Total forceps deliveries.....	1092	69.2	774	42.8	1866	55.1	44 (3)	2.4
Low forceps, elective.....	444	28.1	352	19.5	796	23.5	13 (2)	1.6
Low forceps, indicated.....	30	1.9	38	2.1	68	2.0	4 (0)	5.9
Mid forceps*, elective.....	556	35.2	324	17.9	880	30.0	17 (0)	1.9
Mid forceps, indicated.....	62	3.9	59	3.3	121	3.6	10 (1)	8.3
High forceps.....	0	0.0	0	0.0	0	0.0	—	0.0
Failed forceps.....	0	0.0	1	—	1	—	1 (0)	100.0
2. Breech.....	73	4.6	61	3.4	134	4.0	34 (7)	25.4
Spontaneous.....	4	0.3	9	0.5	13	0.4	6 (1)	46.2
Extraction.....	68	4.3	51	2.8	119	3.5	27 (5)	22.7
Decomposition & Extraction...	1	—	1	—	2	0.1	1 (1)	50.0
3. Other Operations.....	3	0.2	20	1.1	23	0.7	10 (4)	43.5
Version and extraction (single)...	1	—	4	0.2	5	0.1	4 (3)	80.0
Version and extraction (second twin).....	0	0.0	2	0.1	2	—	2 (1)	100.0
Manual rotation, head, only...	0	0.0	10	0.6	10	0.3	0 (0)	0.0
Rotation of shoulders.....	1	—	4	0.2	5	0.1	3 (0)	60.0
Destructive operations.....	1	—	0	0.0	1	—	1 (0)	100.0
4. Spontaneous.....	348	22.1	841	46.5	1189	35.1	69 (24)	5.8
B. Abdominal Deliveries.....	62	3.9	113	6.2	175	5.2	11 (3)	6.3
1. Cesarean section.....	62	3.9	113	6.2	175	5.2	11 (3)	6.3
2. Rupture of uterus.....	0	0.0	0	—	—	—	—	—
3. Advanced ectopic pregnancy...	0	0.0	0	—	—	—	—	—

\*Low forceps—complete anterior rotation with crowning. Mid forceps—any condition less than low forceps.

## VIII. ANCILLARY OPERATIVE PROCEDURES FOR LABOR AND DELIVERY

	White		Non-White		Total		Perinatal Mortality	
	No.	%	No.	%	No.	%	No.	%
A. Induction of Labor								
Oxytocic.....	38	2.4	12	0.7	50	1.5	5 (1)	10.0
Rupture of membranes.....	0	0.0	4	0.2	4	0.1	2 (0)	50.0
Rupture of membranes and oxytocic.....	0	0.0	0	0.0	0	0.0	—	—
Stripping of membranes.....	6	0.4	11	0.6	17	0.5	0 (0)	0.0
Stripping of membranes and oxytocic.....	0	0.0	0	0.0	0	0.0	—	—
Other.....	0	0.0	0	0.0	0	0.0	—	—
Total.....	44	2.8	27	1.5	71	2.1	7 (1)	9.9
(Perinatal mortality over 1000 Gm. 8.4%)								
B. Miscellaneous								
Decompression of hydrocephalus..	1	—	0	—	1	—	1 (0)	100.0
Forceps to after-coming head.....	34	46.6	24	36.9	58	42.0	10 (3)	17.2
Manual removal of placenta, elective.....	75	4.8	29	1.6	104	3.1	—	—
Manual removal of placenta, indicated.....	8	0.5	12	0.7	20	0.6	—	—
Oxytocic stimulation of labor.....	72	4.6	13	0.7	85	2.6	6 (2)	7.1
(Perinatal mortality over 1000 Gm. 4.7%)								
Transfusion, single.....	22	1.4	24	1.4	46	1.4	—	—
Transfusion, multiple.....	10	0.6	10	0.6	20	0.6	—	—

VIII. ANCILLARY OPERATIVE PROCEDURES FOR LABOR AND DELIVERY  
(Con't)

	White		Non-White		Total			
	No.	%	No.	%	No.	%		
C. Episiotomies and Lacerations								
Median.....	1172	75.5	905	50.9	2077	62.4		
3rd degree lacerations.....	22	1.4	29	1.6	51	1.5		
Percentage.....	1.9	—	3.2	—	2.5	—		
4th degree lacerations.....	26	1.7	32	1.8	58	1.7		
Percentage.....	2.2	—	3.5	—	2.8	—		
Mediolateral.....	63	4.0	50	2.8	113	3.4		
3rd degree lacerations.....	0	0.0	1	—	1	—		
Percentage.....	0.0	—	2.0	—	0.9	—		
4th degree lacerations.....	1	—	0	—	1	—		
Percentage.....	1.6	—	0.0	—	0.9	—		
Total Episiotomies.....	1235	79.5	955	53.7	2190	65.8		
3rd degree laceration spontaneous, repair of.....	0	0.0	0	0.0	0	0.0		
4th degree laceration spontaneous, repair of.....	0	0.0	0	0.0	0	0.0		
Cervical laceration, repair of.....	2	0.1	12	0.7	14	0.4		
Vaginal laceration, repair of.....	5	0.3	24	1.4	29	0.9		
D. Other procedures								
External Version.....	2	0.1	0	0.0	2	0.1		

## IX. PUERPERAL MORBIDITY BY PATIENT DISCHARGE

Type of Morbidity	White		Non-White		Total	
	No.	%	No.	%	No.	%
One day fever.....	58	3.7	88	5.0	146	4.4
Puerperal morbidity.....	19	1.2	89	5.0	108	3.2
Others.....	39	2.5	74	4.2	113	3.4
Total.....	116	7.5	251	14.1	367	11.0

## X: COMPLICATIONS

	White		Non-White		Total		Perinatal Mortality	
	No.	%	No.	%	No.	%	No.	%
A. Antepartum Hemorrhage								
Placenta previa.....	6	0.4	5	0.3	11	0.3	1 (1)	9.1
Abruptio placentae.....	19	1.2	30	1.7	49	1.5	18 (3)	36.7
Rupture of uterus.....	1	—	3	0.3	4	0.1	1 (0)	33.3
Traumatic.....	1	—	1	—	2	—	1 (0)	50.0
Previous section, severe.....	0	—	0	—	—	—	0 (0)	0.0
Previous section, incidental.....	0	—	1	—	1	—	0 (0)	0.0
Spontaneous.....	0	—	1	—	1	—	—	—
Other causes.....	14	0.9	19	1.1	33	1.0	8 (1)	24.2
Total.....	40	2.6	58	3.3	98	2.9	28 (5)	28.9
B. Postpartum Hemorrhage								
Early.....	29	1.9	44	2.5	73	2.2		
Late.....	1	—	1	—	2	—		
Hematomata.....	5	0.3	1	—	6	0.2		
Total.....	35	2.3	46	2.6	81	2.4		

## X. COMPLICATIONS (Con't.)

	White		Non-White		Total		Perinatal Mortality	
	No.	%	No.	%	No.	%	No.	%
C. Anemia								
Less than 5 Gm.....	0	—	0	—	0	—		
5.0-5.9 Gm.....	0	—	3	0.2	3	0.1	1 (1)	33.3
6.0-6.9 Gm.....	0	—	2	0.1	2	0.1	0 (0)	0.0
7.0- 7.9 Gm.....	3	0.2	7	0.4	10	0.3	1 (1)	10.0
8.0- 8.9 Gm.....	8	0.5	19	1.1	27	0.8	1 (0)	3.7
9.0- 9.9 Gm.....	37	2.4	91	5.1	128	3.8	15 (2)	11.7
10.0-10.9 Gm.....	116	7.5	445	25.0	561	16.8	33 (8)	5.9
11 Gm. and over.....	1386	89.2	1206	67.9	2592	77.8	117 (26)	4.5
Unknown.....	3	0.2	4	0.2	7	0.2	0 (0)	0.0
Total.....	1553	100.0	1777	100.0	3330	100.0	168 (38)	5.0
D. Toxemia								
Pre-eclampsia.....	44	2.8	91	5.1	135	4.1	11 (2)	8.1
Eclampsia.....	4	0.3	2	0.1	6	0.2	0 (0)	0.0
Antepartum.....	3	75.0	0	0.0	3	0.1	0 (0)	0.0
Intrapartum.....	0	0.0	0	0.0	0	0.0	0 (0)	0.0
Postpartum.....	1	25.0	2	0.1	3	0.1	0 (0)	0.0
Total acute.....	48	3.1	93	5.2	141	4.2	11 (2)	7.8
Chronic hypertension with toxemia.....	2	0.1	14	0.8	16	0.5	1 (1)	6.3
Chronic hypertension without toxemia.....	48	3.1	114	6.4	162	4.9	16 (2)	9.9
Total chronic.....	50	3.2	128	7.2	178	5.3	17 (3)	9.6
Unclassified.....	0	0.0	0	0.0	0	0.0	0 (0)	0.0
Total Toxemia.....	98	6.3	221	12.4	319	9.6	28 (5)	8.8
E. Medical Complications								
Heart disease.....	15	1.0	12	0.7	27	0.8	2 (0)	7.4
No failure.....	14	0.9	12	0.7	26	0.8	2 (0)	7.7
Failure.....	1	—	0	0.0	1	—	0 (0)	0.0
Tuberculosis.....	9	0.6	10	0.6	19	0.6		
Pulmonary, active.....	1	—	0	0.0	1	—	0 (0)	0.0
Pulmonary, inactive.....	8	0.5	8	0.5	16	0.5	0 (0)	0.0
Elsewhere.....	0	0.0	2	0.1	2	0.1	0 (0)	0.0
Diabetes.....	6	0.4	9	0.5	15	0.5	2 (0)	13.3
Uncommon anemias.....	0	0.0	4	0.2	4	0.1	0 (0)	0.0
F. Cord Pathology								
Prolapse.....	3	0.2	7	0.4	10	0.3	3 (1)	30.0
Other.....	1	0.1	1	0.1	2	0.1	1 (0)	50.0
G. Intrapartum Fever.....	4	0.3	14	0.8	18	0.5	4 (1)	22.2
H. Uterine Dysfunction.....	33	2.1	54	3.0	87	2.6	5 (0)	5.7
I. Labor Over 20 Hours—Method of Delivery								
Cesarean section.....	1	0.1	3	6.0	4	4.8	0 (0)	0.0
Spontaneous.....	9	0.6	13	26.0	22	26.2	3 (0)	13.6
Low forceps, elective.....	10	0.6	12	24.0	22	26.2	2 (0)	9.1
Low forceps, indicated.....	1	0.1	3	6.0	4	4.8	0 (0)	0.0
Mid forceps, elective.....	7	0.4	12	24.0	19	22.6	0 (0)	0.0
Mid forceps, indicated.....	4	0.3	4	8.0	8	9.6	1 (0)	12.5
Breech.....	2	0.1	3	6.0	5	6.0	2 (0)	40.0
Total.....	34	2.2	50	2.9	84	2.5	8 (0)	9.6
J. Shoulder Dystocia.....	4	0.3	4	0.2	8	0.2	3 (0)	37.5

## XI. ABDOMINAL OPERATIONS

	White		Non-White		Total		Perinatal Mortality	
	Prim.	Repeat	Prim.	Repeat	Prim.	Repeat	Prim. %	Repeat %
A. Cesarean Sections								
Low cervical.....	27	20	37	47	64	67	6.3	3.0
Low cervical and sterilization....	3	5	2	18	5	23	40.0	4.3
Classical.....	5	1	7	0	12	1	16.7	0.0
Classical and sterilization.....	0	0	2	0	2	0	0.0	0.0
Extraperitoneal.....	0	0	0	0	0	0	—	—
Cesarean hysterectomy.....	0	1	0	0	0	1	0.0	0.0
Total Sections.....	35	27	48	65	83	92	9.7	3.3
<i>Indications</i>								
1. Pelvic contractions and mechanical dystocia								
Contracted pelvis.....	6	2	20	33	26	35	3.8	2.9
Large fetus.....	1	0	0	1	1	1	0.0	0.0
Uterine inertia.....	7	1	8	0	15	1	0.0	0.0
Malpresentation.....	3	0	1	0	4	0	0.0	0.0
Breech.....	—	—	—	—	—	—	—	—
Face.....	—	—	—	—	—	—	—	—
Brow.....	—	—	—	—	—	—	—	—
Transverse.....	3	—	1	—	4	—	0.0	0.0
Compound or other.....	—	—	—	—	—	—	—	—
Tumor blocking birth canal.....	0	0	2	0	2	0	0.0	0.0
Total.....	17	3	31	34	48	37	2.1	2.8
2. Previous uterine surgery								
Previous cesarean section.....	—	21	—	27	—	48	—	2.1
Previous myomectomy.....	—	—	—	—	—	—	—	—
Previous hysterotomy.....	—	—	1	—	1	—	0.0	—
Total.....	—	21	1	27	1	48	0.0	2.1
3. Hemorrhage								
Abruptio placentae.....	3	0	6	0	9	0	55.6	—
Placenta previa.....	7	0	5	0	12	0	8.3	—
Other.....	—	—	—	—	—	—	—	—
Total.....	10	0	11	0	21	0	28.6	—
4. Toxemia								
Pre-eclampsia.....	0	0	0	0	0	0	—	—
Eclampsia.....	1	0	0	0	1	0	0.0	0.0
Chronic hypertension and toxemia.....	—	—	—	—	—	—	—	—
Chronic hypertension.....	—	—	1	—	1	0	0.0	—
Total.....	1	0	1	0	2	0	0.0	—
5. Intercurrent diseases								
Diabetes.....	5	0	0	1	5	1	0.0	0.0
6. Miscellaneous								
Prolapse cord.....	1	0	2	0	3	0	0.0	—
Elective.....	1	0	1	0	2	0	0.0	—
Coarctation aorta.....	0	1	0	0	0	1	—	0.0
Rh incompatibility.....	0	2	1	1	1	3	100.0	33.3
Sacculatation of uterus.....	0	0	0	1	0	1	—	0.0
Bad OB history.....	0	0	0	1	0	1	—	0.0
Total.....	2	3	4	3	6	6	16.7	16.7
B. Cesarean Hysterectomy.....	1	—	0	—	1	—	0.0	—
C. Puerperal Hysterectomy.....	3	—	1	—	4	—	—	—
D. Laparotomies								
Advanced ectopic pregnancy.....	0	—	0	—	0	—	—	—
Rupture of uterus.....	0	—	1	—	1	—	—	—

## XII. DELIVERIES (INFANTS) WITH PREVIOUS SECTION

	White		Non-White		Total		Perinatal Mortality	
	No.	%	No.	%	No.	%	No.	%
Repeat section.....	29	46.0	65	74.7	94	62.7	5 (0)	5.3
Vaginal deliveries.....	34	54.0	22	25.3	56	37.3	4 (0)	7.1
Spontaneous.....	33	—	11	—	44	—	—	—
Low forceps, elective.....	0	—	4	—	4	—	—	—
Low forceps, indicated.....	0	—	0	—	0	—	—	—
Mid forceps, elective.....	0	—	6	—	6	—	—	—
Breech, spontaneous.....	1	—	0	—	1	—	—	—
Breech, extraction.....	0	—	1	—	1	—	—	—
Breech, decomposition & extraction	0	—	0	—	0	—	—	—
Other (Specify).....	0	—	0	—	0	—	—	—
Total.....	63	4.1	87	4.9	150	4.5	9 (0)	6.0

## XIII. THERAPEUTIC ABORTIONS

	White	Non-White	Total
	No.	No.	No.
Indications.....	0	0	0

## XIV. STERILIZATION

	White	Non-White	Total
	No.	No.	No.
Type of Operation			
Tubal, puerperium.....	9	2	11
Tubal, not pregnant.....	1	22	23
Accompanying cesarean section.....	9	22	31
Accompanying therapeutic abortion.....	0	0	0
Hysterectomy, with cesarean section.....	1	0	1
Hysterectomy, not pregnant.....	0	0	0
X-ray.....	0	0	0
Total.....	20	46	66
Indications for Sterilization			
Previous section.....	8	18	26
Neuropsychiatric.....	0	2	2
Multiparity & C.S.....	3	4	7
Multiparity.....	7	19	26
Multiple sclerosis.....	1	0	1
Heart disease.....	1	0	1
Other.....	0	3	3
Total.....	20	46	66

## XV. ADULT DEATHS

Total Births.....	3386
Maternal deaths.....	1
Rate per 1000 births.....	0.3
Total registered births.....	2985
Maternal deaths	
(Registered patients).....	1
Rate per 1000 registered births.....	0.34

## XVI. INFANTS DELIVERED

## A. Total Live Births According to Weight and Condition at Discharge

Birth Weight Grams	White			Non-White			Total		
	Live Births	Died	%	Live Births	Died	%	Live Births	Died	%
401-1000.....	9	9	100.0	32	29	90.6	41	38	92.7
1001-1500.....	20	13	65.0	26	14	53.8	46	27	58.7
1501-2000.....	41	13	31.7	57	14	24.6	98	27	27.6
2001-2500.....	99	6	6.1	177	1	0.6	276	7	2.5
Over 2500.....	1392	4	0.3	1481	13	0.9	2873	17	0.6
Total.....	1561	45	2.9	1773	71	4.0	3334	116	3.5

## B. Total Stillbirths According to Weight

Birth Weight Grams	White			Non-White			Total		
	Total Births	Stillbirths	%	Total Births	Stillbirths	%	Total Births	Stillbirths	%
401-1000.....	9	0	0.0	32	0	0.0	41	0	0.0
1001-1500.....	20	0	0.0	30	4	13.3	50	4	8.0
1501-2000.....	46	5	10.9	65	8	12.3	111	13	11.7
2001-2500.....	101	2	2.0	185	8	4.3	286	10	3.5
Over 2500.....	1402	10	0.7	1496	15	1.0	2898	25	0.9
Total.....	1578	17	1.1	1808	35	1.9	3386	52	1.5

## C. Total Perinatal Deaths According to Weight

Birth Weight Grams	White			Non-White			Total		
	Total Births	Perinatal Deaths	%	Total Births	Perinatal Deaths	%	Total Births	Perinatal Deaths	%
401-1000.....	9	9	100.0	32	29	90.6	41	38	92.7
1001-1500.....	20	13	65.0	30	18	60.0	50	31	62.0
1501-2000.....	46	18	39.1	65	22	33.8	111	40	36.0
2001-2500.....	101	8	7.9	185	9	4.9	286	17	5.9
Over 2500.....	1402	14	1.0	1496	28	1.9	2898	42	1.4
Total.....	1578	62	3.9	1808	106	5.9	3386	168	5.0

## XVII. MATERNAL DEATHS

E.P., U. H., #152-4-83. A 38 year old W. F. para 0100 with chronic hypertension. Admitted for therapy. Signed release. Was brought to another hospital, dead on arrival, 3 weeks before E.D.C.

Autopsy: Rupture of berry aneurysm.

Cause of death: Chronic hypertension and rupture of berry aneurysm.

## GYNECOLOGIC REPORT

## I. DISCHARGES PER PATIENT

	1	2	3	4	Total
Number of patients.....	984	79	16	2	1081

## II. GENERAL DISCHARGE TYPE

	Ward	Private	Total
Number of discharges.....	727	471	1198
A. Gynecologic benign.....	327	238	565
1. Surgical.....	235	152	387
2. Non-operative.....	37	4	41
3. For diagnosis only.....	55	82	137
B. Gynecologic cancer.....	142	87	229
C. Pregnancy complications.....	240	111	351
D. Miscellaneous.....	18	35	53

## III. DEATHS

	Ward	Private	Total
A. Operative.....	2	0	2
B. Non-operative.....	0	0	0
C. Diagnosis only.....	0	0	0
D. Cancer.....	4	2	6
E. Pregnancy complications.....	0	0	0
F. Miscellaneous.....	1	1	2
Total.....	7	3	10

## IV. TRANSFERS

	Ward	Private	Total
Number.....	28	9	37

## V. PRIMARY AND SECONDARY GYNECOLOGIC DIAGNOSIS

## A. Vulva

Diagnosis	Primary Diagnosis			Secondary Diagnosis
	Number of Patients	Operative	Non-operative	Number of Patients
Abscess, Bartholin's gland.....	3	3	0	0
Chancroid.....	0	0	0	1
Condylomata acuminata.....	1	1	0	1
Cyst, Bartholin's gland.....	8	8	0	4
Hydradenoma.....	1	1	0	0
Imperforate hymen.....	2	2	0	0
Myoma.....	1	1	0	0
Tuberculosis.....	0	0	0	1
Vulvitis, acute.....	0	0	0	1
Vulvitis, chronic.....	0	0	0	37
Other.....	0	0	0	1
Total.....	16	16	0	46

## V. PRIMARY AND SECONDARY GYNECOLOGIC DIAGNOSIS (Con't)

## B. Vagina

Diagnosis	Primary Diagnosis			Secondary Diagnosis
	Number of Patients	Operative	Non-operative	Number of Patients
Chemical Burn.....	1	1	0	0
Cystocele.....	46	45	1	13
Enterocele.....	1	1	0	4
Foreign Body.....	1	1	0	0
Laceration.....	1	0	1	0
Metastatic carcinoma.....	0	0	0	11
P.O. scar.....	1	1	0	0
Prolapse.....	1	1	0	0
Rectocele.....	5	5	0	90
Rectovaginal fistula (P.O.).....	0	0	0	2
Rectovaginal fistula (Radium).....	0	0	0	1
Rectovaginal fistula (Trauma).....	1	1	0	0
Senile vaginitis.....	0	0	0	1
Syphilis.....	1	0	1	0
Urethrocele.....	0	0	0	9
Vaginal tear, incomplete.....	0	0	0	1
Vaginitis, fungus.....	0	0	0	1
Vesicovaginal fistula (P.O.).....	1	1	0	0
Vesicovaginal fistula (Radium).....	0	0	0	2
Vesicovaginal fistula (Trauma).....	1	1	0	0
Total.....	61	58	3	135

## C. Cervix

Diagnosis	Primary Diagnosis			Secondary Diagnosis
	Number of Patients	Operative	Non-operative	Number of Patients
Cervicitis, acute.....	2	0	2	16
Cervicitis, chronic.....	69	1	68	329
Endometriosis.....	0	0	0	1
Incompetence.....	1	1	0	0
Laceration.....	1	1	0	1
Metastatic carcinoma.....	0	0	0	4
Nabothian cyst.....	0	0	0	6
Polyp.....	16	15	1	9
Prolapse of stump.....	1	1	0	0
Stenosis.....	1	1	0	1
Total.....	91	20	71	367

## D. Uterus

Diagnosis	Primary Diagnosis			Secondary Diagnosis
	Number of Patients	Operative	Non-operative	Number of Patients
Adenomyosis.....	2	2	0	23
Anomaly.....	1	1	0	1
Atrophic endometrium.....	3	0	3	38
Endometrial polyp.....	8	0	8	5
Endometritis, acute.....	0	0	0	8
Endometritis, chronic.....	1	1	0	6
Endometritis, Decidual.....	0	0	0	1
Endometritis, tuberculous.....	1	1	0	0

DEPARTMENT OF OBSTETRICS & GYNECOLOGY—ANNUAL REPORT

D. Uterus (Con't)

Diagnosis	Primary Diagnosis			Secondary Diagnosis
	Number of Patients	Operative	Non-operative	Number of Patients
Fibromyomata . . . . .	158	152	6	43
Hematometra . . . . .	3	0	3	1
Hyperplasia, endometrium . . . . .	15	15	0	11
Intrauterine pregnancy . . . . .	0	0	0	10
Metastatic carcinoma . . . . .	0	0	0	1
Metritis, acute . . . . .	0	0	0	3
Metritis, chronic . . . . .	0	0	0	3
Parametritis . . . . .	0	0	0	6
Prolapse . . . . .	27	27	0	38
Proliferative endometrium . . . . .	12	0	12	61
Pyometra . . . . .	0	0	0	4
Retroversion . . . . .	4	3	1	0
Rupture . . . . .	0	0	0	1
Secretory endometrium . . . . .	29	0	29	118
Subinvolution of placental site . . . . .	0	0	0	2
Total . . . . .	264	202	62	384

E. Tubes

Diagnosis	Primary Diagnosis			Secondary Diagnosis
	Number of Patients	Operative	Non-operative	Number of Patients
Arthritis (Sterilization) . . . . .	1	1	0	0
Banti's disease (Sterilization) . . . . .	1	1	0	0
Endometriosis . . . . .	0	0	0	3
Heart disease (Sterilization) . . . . .	1	1	0	0
Hematosalpinx . . . . .	1	1	0	3
Hydrosalpinx . . . . .	3	1	2	18
Ligation—Prev. Surg. . . . .	1	1	0	0
Metastatic carcinoma . . . . .	0	0	0	2
Multiparity (Sterilization) . . . . .	19	19	0	0
Other . . . . .	1	0	1	0
Perisalpingitis, acute . . . . .	0	0	0	1
Poor OB History (Sterilization) . . . . .	1	1	0	0
Pyosalpinx . . . . .	0	0	0	3
Salpingitis, acute . . . . .	13	1	12	17
Salpingitis, chronic . . . . .	16	11	5	78
Salpingitis, tuberculous . . . . .	0	0	0	1
Tubo-ovarian abscess (intact) . . . . .	9	5	4	3
Tubo-ovarian abscess (ruptured) . . . . .	1	1	0	0
Total . . . . .	68	44	24	129

F. Ovary

Diagnosis	Primary Diagnosis			Secondary Diagnosis
	Number of Patients	Operative	Non-operative	Number of Patients
Abscess . . . . .	0	0	0	1
Adenofibroma . . . . .	0	0	0	1
Atrophy . . . . .	0	0	0	9
Cyst, corpus luteum . . . . .	4	4	0	44
Cyst, dermoid . . . . .	10	10	0	0
Cyst, follicular . . . . .	3	3	0	49
Cyst, other . . . . .	9	8	1	3
Cyst, paroophoron . . . . .	2	2	0	4
Cyst, simple . . . . .	1	1	0	9

## V. PRIMARY AND SECONDARY GYNECOLOGIC DIAGNOSIS (Con't)

## F. Ovary (Con't)

Diagnosis	Primary Diagnosis			Secondary Diagnosis
	Number of Patients	Operative	Non-operative	Number of Patients
Cystadenoma, pseudo-mucinous.....	2	2	0	0
Cystadenoma, serous.....	4	4	0	6
Endometriosis.....	4	4	0	5
Fibroma.....	0	0	0	1
Oophoritis, acute.....	0	0	0	3
Oophoritis, chronic.....	0	0	0	3
Perioophoritis.....	0	0	0	1
Stein-Levinthal Syn.....	1	1	0	0
Total.....	40	39	1	139

## G. Other Gynecologic Diagnoses

Diagnosis	Primary Diagnosis			Secondary Diagnosis
	Number of Patients	Operative	Non-operative	Number of Patients
Abscess, pelvic.....	8	6	2	3
Endometriosis, extragenital.....	2	1	1	1
Endometriosis, recto-vag. septum.....	0	0	0	1
Hematoma, Broad Lig., Inf.....	1	0	1	0
Menstrual disorders.....	8	0	8	0
P.O. complications.....	2	0	2	0
Pelvic adhesions.....	2	1	1	0
Pelvic pain.....	2	0	2	0
Total.....	25	8	17	4

## VI. CANCER (Based on Patients)

## A. Vulva

1. Diagnosis	Number of Patients	Irradiated	Operations	Irradiated and Operated	Medical
Epidermoid.....	4	0	2	1	1
Total.....	4	0	2	1	1
2. Complications	Number				
Metastases, Nodes, Groin.....	1				
Metastases, Nodes, Pelvic.....	1				

## B. Vagina

1. Diagnosis	Number of Patients	Irradiated	Operations	Irradiated and Operated	Medical
Epidermoid.....	5	5	0	0	0
2. Complications	Number				
Rectovaginal fistula (Radium).....	1				

**C. Cervix**

1. Diagnosis	Number of Patients	Irradiated	Operations	Irradiated and Operated	Medical
Adenocarcinoma.....	3	1	0	1	1
Carcinoma in situ.....	22	4	11	0	7
Lymphoma.....	1	0	0	0	1
Squamous cell.....	69	51	1	0	17
Total.....	95	56	12	1	26
2. Complications		Number			
Bladder metastases.....	5				
Chronic cystitis.....	3				
Hydronephrosis.....	2				
Metastatic lymph nodes in pelvis...	15				
Pregnancy.....	3				
Recto-vaginal fistula-tumor.....	3				
Vesico-vaginal fistula.....	1				

**D. Uterus**

1. Diagnosis	Number of Patients	Irradiated	Operations	Irradiated and Operated	Medical
Adenocarcinoma.....	23	15	2	5	1
Sarcoma.....	2	1	0	0	1
Total.....	25	16	2	5	2
2. Complications	Number				
Metastases, Extragenital.....	2				
Metastases, Genital.....	5				
Metastatic lymph nodes in pelvis...	1				
Metastatic lymph nodes out of pelvis.	1				
Vesico-vaginal fistula-tumor.....	1				

**E. Ovary**

1. Diagnosis	Number of Patients	Irradiated	Operations	Irradiated and Operated	Medical
Adenocarcinoma.....	5	3	1	0	1
P.M. Cystadenocarcinoma.....	4	2	0	0	2
Sarcoma.....	1	1	0	0	0
Serous cystadenocarcinoma.....	10	8	0	2	0
Thecoma.....	1	0	1	0	0
Type, Unknown.....	4	2	0	0	2
Total.....	25	16	2	2	5
2. Complications	Number				
Metastases, Extragenital.....	5				
Metastases, Genital.....	1				
Metastatic lymph nodes out of pelvis.	4				
Metastatic lymph nodes in pelvis...	6				

**F. Unknown Source**

1. Diagnosis	Number of Patients	Irradiated	Operations	Irradiated and Operated	Medical
Peritoneal Cavity.....	5	2	0	0	3
Total.....	5	2	0	0	3

## VII. PREGNANCY COMPLICATIONS

Diagnosis	Number of Patients	Operative	Non-operative
Abortion, threatened .....	2	0	2
Endometritis, acute .....	2	0	2
Fibromyomata .....	3	2	1
Incompetent cervix .....	1	1	0
Incomplete abortion .....	269	230	39
Intrauterine pregnancy .....	21	0	21
Late P. P. bleeding .....	1	1	0
Ovarian cyst .....	1	0	1
P. P. acute nephritis .....	1	0	1
P. P. hematoma .....	1	1	0
Pelvic cellulitis .....	1	0	1
Polyp, cervix .....	1	1	0
Rupture, uterus .....	1	1	0
Subinvolution .....	2	2	0
Thrombophlebitis .....	1	0	1
Tubal pregnancy, ruptured .....	36	36	0
Tubal pregnancy, unruptured .....	5	5	0
Total .....	349	280	69

## VIII. OTHER SYSTEMS—DIAGNOSIS

## A. Rectum

Diagnosis	Primary Diagnosis			Secondary Diagnosis
	Number of Patients	Operative	Non-Operative	Number of Patients
Chronic proctitis .....	0	0	0	1
Hemorrhoids .....	0	0	0	1
Stricture .....	0	0	0	3
Total .....	0	0	0	5

## B. Urethra

Diagnosis	Primary Diagnosis			Secondary Diagnosis
	Number of Patients	Operative	Non-Operative	Number of Patients
Caruncle .....	2	0	2	1
Fistula .....	1	1	0	0
Stricture .....	1	0	1	0
Urethritis, Acute .....	0	0	0	1
Urethritis, Chronic .....	0	0	0	2
Total .....	4	1	3	4

## C. Bladder

Diagnosis	Primary Diagnosis			Secondary Diagnosis
	Number of Patients	Operative	Non-Operative	Number of Patients
Carcinoma, primary .....	5	0	5	0
Carcinoma, metastatic .....	0	0	0	6
Cystitis, acute .....	2	0	2	2
Cystitis, chronic .....	0	0	0	14
Injury .....	0	0	0	2
Other .....	0	0	0	1
Total .....	7	0	7	25

## VIII. OTHER SYSTEMS—DIAGNOSIS (Con't)

## D. Kidney

Diagnosis	Primary Diagnosis			Secondary Diagnosis
	Number of Patients	Operative	Non-Operative	Number of Patients
Anomalies.....	0	0	0	2
Calculus.....	3	1	2	2
Hematuria.....	1	0	1	0
Hydronephrosis.....	1	0	1	9
Metastatic, tumor.....	0	0	0	1
Pyelitis, acute.....	0	0	0	3
Pyelitis, chronic.....	7	0	7	4
Total.....	12	1	11	21

## E. Ureters

Diagnosis	Primary Diagnosis			Secondary Diagnosis
	Number of Patients	Operative	Non-Operative	Number of Patients
Anomaly.....	0	0	0	1
Calculus.....	2	1	1	1
Hydroureter.....	0	0	0	6
Injury.....	1	0	1	0
Stricture.....	1	0	1	1
Ureteritis.....	0	0	0	1
Total.....	4	1	3	10

## F. Abdominal Diseases

Diagnosis	Primary Diagnosis			Secondary Diagnosis
	Number of Patients	Operative	Non-Operative	Number of Patients
Appendicitis.....	1	1	0	1
Ascites.....	0	0	0	18
Carcinoma, intestinal met.....	1	0	1	5
Diverticuliti.....	0	0	0	3
Hernia, incisional.....	1	1	0	2
Miscellaneous.....	10	1	9	15
Obstruction, large intestine.....	0	0	0	2
Obstruction, small intestine.....	2	0	2	3
Paralytic Ileus.....	0	0	0	5
Pelvic thrombophlebitis.....	0	0	0	1
Peritoneal adhesions.....	0	0	0	24
Peritonitis, generalized.....	0	0	0	2
Peritonitis, pelvic.....	0	0	0	1
Total.....	15	3	12	82

## IX. OPERATIVE PROCEDURES

## A. Vulva

Operations	Number of Patients
Biopsy of vulva.....	3
Excision, Bartholin Gland.....	10
Hymenotomy.....	4
I. & D., Bartholin Gland.....	2
Other.....	5
Vulvectomy, radical.....	1
Total.....	25

## B. Vagina

Biopsy.....	5
Closure of recto-vaginal fistula.....	1
Closure of urethrovaginal fistula.....	1
Closure of vesicovaginal fistula.....	2
Colpectomy, partial.....	1
Colpoplasty, anterior.....	5
Colpoplasty, anterior and posterior.....	57
Colpoplasty, posterior.....	12
Colporrhaphy.....	1
Colpotomy, diagnostic.....	54
Colpotomy, drainage.....	7
Other.....	14
Total.....	160

## C. Uterus and Cervix

Biopsy of cervix.....	209
Conization of cervix.....	43
D & C, incomplete abortion.....	223
D & C, uterus.....	315
Dilatation of cervix.....	1
Hysteroqram.....	4
Hysteromyomectomy.....	6
Hysteropexy, Manchester type.....	2
Hysteropexy, other types.....	9
Hysterorrhaphy.....	1
Hysterotomy.....	1
Insertion of intrauterine pack.....	4
Insertion of radium colpostats.....	70
Insertion of radium into uterus.....	65
Insufflation of uterus.....	6
Local excision of cervix.....	6
Others.....	2
Radical hysterectomy and lymph node dissection.....	4
Subtotal hysterectomy.....	3
Total hysterectomy.....	185
Tracheloplasty.....	5
Trachelorrhaphy.....	1
Vaginal hysterectomy.....	54
Total.....	1219

**D. Tubes**

Operations	Number of Patients
Ligation.....	20
Other.....	4
Salpingectomy, bilateral, partial.....	12
Salpingectomy, unilateral, complete.....	32
Salpingectomy, unilateral, partial.....	1
Salpingo-oophorectomy, bilateral.....	134
Salpingo-oophorectomy, unilateral.....	27
Salpingoplasty.....	4
Total.....	234

**E. Ovary**

Local excision of ovary.....	2
Oophorectomy, bilateral, partial.....	1
Oophorectomy, unilateral, complete.....	6
Oophorectomy, unilateral, partial.....	4
Other.....	1
Total.....	14

**F. Urinary System**

Biopsy of bladder.....	4
Biopsy of ureter.....	1
Cystorrhaphy.....	2
Cystoscopy.....	63
Cystotomy.....	5
Nephrostomy.....	1
Ureterostomy.....	1
Total.....	77

**G. Abdominal and Others**

Appendectomy.....	69
Biopsy, intestine.....	2
Biopsy, lymph node.....	2
Biopsy, mesentery.....	1
Colostomy.....	2
Enteroenterostomy.....	1
Examination under anesthesia.....	743
Excision of lesion of abdominal wall.....	1
Exploratory laparotomy.....	42
Herniorrhaphy.....	4
Lysis, peritoneal adhesions.....	22
Omentectomy.....	3
Other.....	46
Peritoneocentesis.....	9
Presacral neurectomy.....	4
Proctorrhaphy.....	1
Proctoscopy.....	29
Radical groin dissection.....	1
Sec. suture, abdominal wall.....	2
Sympathectomy.....	1
Total.....	985

## IX. OPERATIVE PROCEDURES (Con't)

## H. Irradiation

Type	Number of Times
Isotopes.....	20
Other.....	20
Radium.....	101
Roentgen-ray.....	2
Total.....	143

## X. MORBIDITY AND COMPLICATIONS OF OPERATIONS

## A. Minor Single

1. Total	Number	Morbidity	% Morbidity
616	59		9.6
2. Causes of Morbidity	Number		
Infected abdominal wound.....	1		
Other.....	6		
Pelvic abscess.....	3		
Unknown.....	41		
Urinary tract.....	8		
Total.....	59		
3. Complications	Number		
Coronary disease.....	1		
Other.....	3		
Paralytic ileus.....	1		
P. O. hemorrhage.....	1		
Puerperal hemorrhage.....	1		
Pulm. embolism.....	1		
Secondary anemia.....	85		
Transfusion reaction.....	2		
Urinary retention.....	6		
Total.....	101		

## B. Minor Multiple

1. Total	Number	Morbidity	% Morbidity
5	5		100.0
2. Causes of Morbidity	Number		
Pelvic abscess.....	1		
Unknown.....	3		
Urinary tract.....	1		
Total.....	5		
3. Complications	Number		
Other.....	2		
Secondary anemia.....	3		
Total.....	5		

DEPARTMENT OF OBSTETRICS & GYNECOLOGY—ANNUAL REPORT

C. Major Single

1. Total	Number	Morbidity	% Morbidity
393	221		56.2
2. Causes of Morbidity	Number		
Infected perineum.....	1		
Other.....	1		
Pelvic abscess.....	2		
Peritonitis.....	3		
Pulmonary.....	6		
Thrombophlebitis.....	2		
Unknown.....	141		
Urinary.....	55		
Wound infection.....	10		
Total.....	221		
3. Complications	Number		
Atelectasis.....	1		
Cerebral hemorrhage.....	1		
Cystitis.....	2		
Other.....	12		
Paralytic ileus.....	18		
Psychosis.....	1		
Puerpural hemorrhage.....	1		
Pulmonary embolism.....	1		
Secondary anemia.....	71		
Transfusion reaction.....	1		
Urinary retention.....	36		
Total.....	145		

D. Major Multiple

1. Total	Number	Morbidity	% Morbidity
5	5		100.0
2. Causes of Morbidity	Number		
Abdominal abscess.....	1		
Peritonitis.....	1		
Septicemia.....	1		
Unknown.....	1		
Wound infection.....	1		
Total.....	5		
3. Complications	Number		
Evisceration.....	1		
Fistula.....	1		
Other.....	1		
Paralytic ileus.....	2		
Secondary anemia.....	4		
Wound breakdown.....	3		
Total.....	12		

# XI. DEATHS

*D. W., U. H., #124-8-86.* A 56 year old C. F. admitted 1/14/58 with small bowel obstruction. On 1/2/58 she had a total abdominal hysterectomy for fibromyomata and was discharged 1/8/58. On return she was dehydrated. Laparotomy day of admission with lysis of adhesions and ileostomy by surgical department. She expired the next day 1/15/58. Cause of death—*intestinal obstruction.*

*S. F., U. H., #147-9-04.* A 75 year old W. F. admitted 4/15/58 terminally with carcinoma of the cervix. Treated medically and expired 4/28/58. Cause of death—*carcinoma of the cervix.*

*M. S., U. H., #155-2-54.* A 45 year old C. F. admitted 5/23/58 with twisted ovarian cyst. Laparotomy same day with left salpingectomy. Under anesthesia patient had a cerebral accident and expired the next day. Cause of death—*cerebral vascular accident.*

*M. S., U. H., #100-2-46.* A 42 year old W. F. admitted 5/30/58 with terminal carcinoma of the cervix. Expired 6/7/58. Cause of death—*carcinoma of the cervix.*

*M. A., U. H., #137-2-44.* A 60 year old W. F. admitted 7/30/58 terminally with carcinoma of intestinal origin. Died 8/1/58. Cause of death—*carcinoma of intestinal tract, site unknown.*

*M. R., U. H., #121-0-73.* A 63 year old C. F. admitted 9/22/58. Carcinoma of ovary with metastases, terminally. Died 9/22/58. Autopsy confirmatory. Cause of death—*carcinoma of ovary.*

*E. K., U. H., #162-8-76.* A 61 year old W. F. admitted 9/21/58 with marked vaginal bleeding. D & C cervical biopsy revealed metastatic pseudomucinous cystadenocarcinoma of ovary. Day after D & C—while eating lunch—suddenly died 9/24/58. Autopsy. Cause of death—*pulmonary embolism, bilateral, perforation of uterus, carcinoma of ovary.*

*E. E., U. H., #142-4-78.* A 65 year old C. F. admitted 10/30/58, died 12/5/58. Diagnosis of carcinoma of intestine. Exploratory laparotomy. Died 4 weeks later. Cause of death—*carcinoma of intestine.*

*E. A., U. H., #122-6-62.* A 60 year old C. F. admitted 12/15/58 terminally with carcinoma of the cervix. Died 12/29/58. Cause of death—*carcinoma of the cervix.*

*I. J., U. H., #154-2-28.* A 45 year old W. F. admitted 12/29/58 because of cerebral vascular accident in a known carcinoma of the cervix and rheumatic heart disease. Expired 12/31/58. Autopsy. Cause of death—*carcinoma of the cervix, cerebral vascular accident.*

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## MEDICAL SCHOOL SECTION

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### Dean's Letter

*Dear Members of the Alumni and  
Friends of the School of Medicine:*

On June 30, 1959 the University acquired the Hecht property adjacent to University Hospital. This is a key step in the development of the Baltimore campus. It allows the University to develop a balanced program of building and campus development without the interference of commercial and industrial activities in the immediate area of the campus.

For the Medical School this is a most important step because it provides the opportunity to properly develop the clinical teaching facilities in University Hospital and its clinics. It provides a place for the basic sciences in close proximity to the clinical teaching areas. It provides facilities for University administration and plant maintenance without infringing on University Hospital. It provides additional automobile parking space and experimental animal holding quarters.

While there are many problems associated with remodeling of buildings that could have been prevented if new construction had been possible, it is believed that the University's action in acquiring the Hecht properties is a wise one and will result in approximately a five year savings in the development of the Medical School teaching resources to an adequate level.

The University and the Medical School are hard pressed to obtain the financial support to complete the desired changes in improving our teaching and research potential. While the major financing of the projects will be through State appropriations and Federal assistance, there are many small needs that cannot be met through these sources. Contributions to the American Medical Education Foundation have been of great assistance in meeting these obligations. We hope that you will be able to continue your assistance through this source. For those who have not been able to contribute to AMEF in the past, we hope they will find ways and means to do so now for the Medical School is in a vital phase of growth and needs your help at this time.

Sincerely,

WILLIAM S. STONE, M.D.  
*Dean*

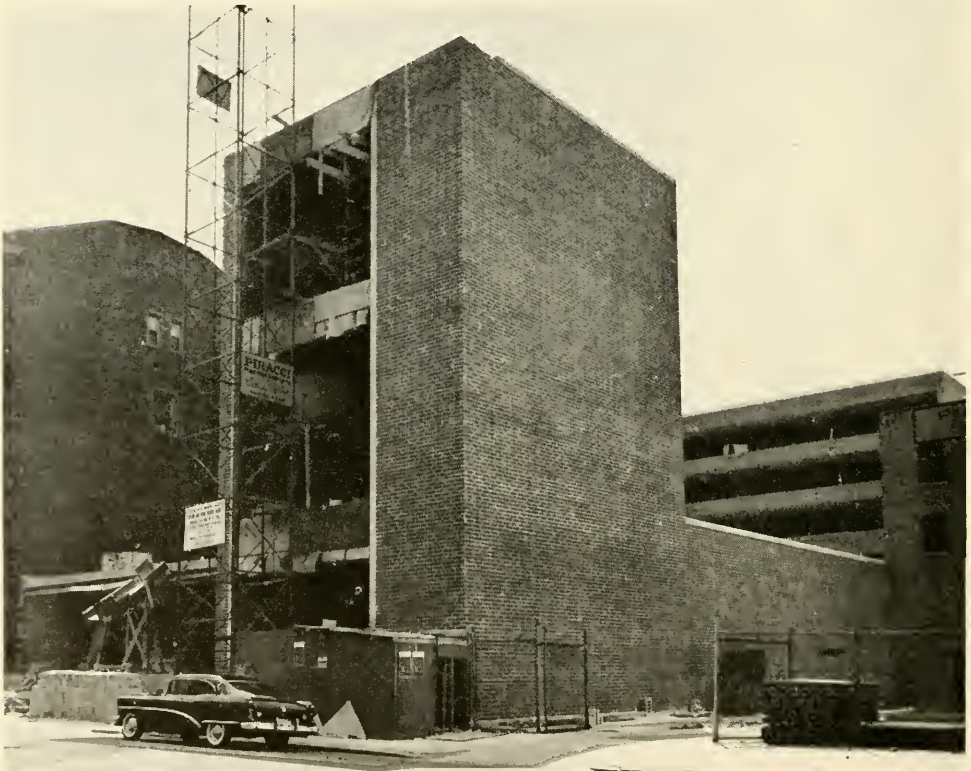
*August 6, 1959*

*October, 1959*

PROGRESS NOTE, AUGUST, 1959



New Medical Sciences Library nears completion as of August 6, 1959.



View of progress of construction, new Student Union Building, on West Lombard Street as of August 6, 1959.

## DEPARTMENT OF MEDICINE

DR. JOSEPH D. WORKMAN of the Department of Medicine was recently promoted to Associate Professor of Medicine.

## DEPARTMENT OF DERMATOLOGY

DR. HARRY M. ROBINSON, JR., Professor of Dermatology, will address the Kane County Medical Society of Illinois on November 4th, his subject being "Common Dermatologic Problems." On November 6th, Dr. Robinson will be a guest lecturer at the University of Virginia School of Medicine speaking on the subject "Diagnosis and Treatment of Mycotic Infections."

On November 17th, the Department of Dermatology will present an exhibit at the annual meeting of the Southern Medical Association held at Atlanta, Ga. The topic of the exhibit will be "Griseofulvin." This exhibit will be presented jointly by the several members of the Department, including Drs. Robinson, Vail Robinson, Eugene Bereston, and Mr. Thomas N. Ferciot, III, student fellow in dermatology.

On November 17th, Drs. Robinson and Bereston and Mr. Ferciot will present a paper entitled "Recent Studies with Anti-Fungicidal Antibiotics." This will be presented at the annual meeting of the Southern Medical Association.

At the American Academy of Dermatology's annual meeting in Chicago, Dr. Robinson will give a paper entitled "Basic Experimental Studies with Griseofulvin." Dr. Robinson at this time will also begin his second term as a member of the Board of Directors of the American Academy of Dermatology. On Saturday and Sunday, December 5 and 6, Dr. Frances A. Ellis of the Department of Dermatology will be guest teacher in

histopathology at the annual meeting of the American Academy of Dermatology. Dr. Eugene Bereston will also participate in a symposium on fungus diseases. Dr. Vail Robinson will present a paper entitled "Resistance Studies of Superficial Dermatophytes to Griseofulvin."

Dr. Harry M. Robinson, Jr. will present a paper entitled "Experimental Animal Studies in the Metabolism of Griseofulvin" at the First International Conference on Griseofulvin to be held at the University of Miami, Miami, Fla., on October 26, 1959.

Dr. Eugene S. Bereston has been recently named Associate Professor of Dermatology in the School of Medicine.

## DEPARTMENT OF PATHOLOGY

### Dr. Frost Resigns Cytology Appointment

DR. JOHN K. FROST, who established the active program for cytopathology in the School of Medicine, resigned August 1, 1959. Dr. Frost had served for the past two years as an Associate Professor (part-time) in the Department of Pathology.

## DEPARTMENT OF SURGERY

DR. RAYMOND M. CUNNINGHAM of the Department of Surgery read a paper entitled "Massive Gastrointestinal Hemorrhage in the Upper Age Groups (60 or over)" at the annual meeting of the Southeastern Surgical Congress held in Miami, Fla., in March 1959. Dr. Cunningham's paper was a statistical study of over 100 patients treated in the hospital because of massive gastrointestinal hemorrhage.

## DEPARTMENT OF PSYCHIATRY

THE Psychology Service of the Department of Psychiatry has announced that Mr. Harwant Gill was appointed to the staff as Assistant in Medical Psychology. Mr. Gill's office will be located in Room 154 of the Psychiatric Institute.

## PRE-COMMENCEMENT EXERCISES HELD ON CAMPUS

ON Friday, June 5th, the Precommencement Convocation was held on the South Hospital Campus at 2:00 P.M. following an academic procession. After the convocation prayer by the Rev. Bruce McDonald, Dr. Wilson H. Elkins, President of the University of Maryland, delivered greetings to the Class of 1959. Dr. Elkins' message was followed by a musical offering by the Nurses' Choral Group and a felicitation to the graduating class by Dean William S. Stone, after which the following honors and awards were presented to the graduates:

Faculty Gold Medal—*Summa Cum Laude*—William Franklin Falls, Jr.  
Certificates of Honor—*Magna Cum Laude*—William Nathan Cohen, James Paul Durkan, Jr., Jorge Orlando Just-Viera, Arthur Allen Serpick, Harvey Mark Solomon  
Dr. A. Bradley Gaither Memorial Prize (For Best Work in G. U. Surgery)—Robert Hence Young, Jr.  
Dr. Leonard M. Hummel Memorial Award (Gold Medal—Internal Medicine)—William Franklin Falls, Jr.  
Dr. Harry M. Robinson, Sr. Prize (Dermatology)—Ramon Fernando Roig  
Margaret Whitaker Prize (For aptitude and interest in Arthritis)—Jorge Orlando Just-Viera  
Student Council Keys—John W. Coursey, Wm. J. R. Dunseath, Wm. F. Falls, Jr., Jack C. Lewis, Hans R. Wilhelmssen

The awards were followed by the administration of the Hippocratic Oath, and an address by The Honorable Lister Hill, U. S. Senator from Alabama, the

text of which is printed elsewhere in this number. At the conclusion of these exercises, members of the class were entertained at tea.

## 152nd MEDICAL SCHOOL COMMENCEMENT

THE Class of 1959 was formally graduated at the University of Maryland Annual Commencement held at College Park on June 6th. The graduates received their diplomas from Dr. William S. Stone, Dean, and immediately departed for short vacations prior to beginning their internships. The members of the Class of 1959 are listed below together with the hospitals where they will serve:

ABRAMSON, DAVID L.  
Mercy Hospital, Baltimore, Md.  
ADLER, WOLFE, N.  
Sinai Hospital, Baltimore, Md.  
ANCES, ISADORE G.  
University Hospitals, 10th and Perry Sts., Columbus 10, Ohio  
ASHBURN, WILLIAM L.  
University Hospitals, 10th and Perry Sts., Columbus 10, Ohio  
ASRAEL, GERSON  
Univ. of Ill. Research & Educational Hospital, 840 S. Wood St., Chicago 12, Ill.  
BROCCOLI, ANTHONY C.  
U. S. Public Health Service Hospital, Bay St. and Vanderbilt Ave., Staten Island 4, N. Y.  
BROWN, FRED D.  
St. Vincent's Hospital, Barro and St. Johns Ave., Jacksonville 4, Fla.  
COHEN, WILLIAM N.  
University Hospital, 1313 E. Ann St., Arbor, Mich.  
COLE, MILTON B.  
Providence Hospital, 1150 Varnum St., N.E., Washington 17, D. C.  
COURSEY, JOHN W.  
U. S. Air Force Hospital, Lackland Air Force Base, San Antonio, Tex.  
COURTS, DONALD E.  
Los Angeles County General Hospital, 1200 N. State St., Los Angeles 33, Calif.  
DARR, JOSEPH L.  
Madigan Army Hospital, Ft. Lewis, Tacoma 9, Wash.

# MEDICAL SCHOOL SECTION

- DAWSON, ROBERT J.  
Mercy Hospital, Baltimore, Md.
- DEMARCO, SALVATORE J.  
Mercy Hospital, Baltimore, Md.
- DUNSEATH, WILLIAM, JR.  
Mercy Hospital, Baltimore, Md.
- DURKAN, JAMES P.  
Mercy Hospital, Baltimore, Md.
- FALLS, WILLIAM F., JR.  
University Hospital, Baltimore, Md.
- FARLEY, FRANCIS E.  
Mercy Hospital, Baltimore, Md.
- FEINBERG, GILBERT N.  
Sinai Hospital, Baltimore, Md.
- FELSENBERG, STANLEY Z.  
Sinai Hospital, Baltimore, Md.
- FLETCHER, CHARLES B.  
Providence Hospital, 1150 Varium St., N.E.,  
Washington 17, D. C.
- GALLAGHER, GEORGE C.  
St. Elizabeth's Hospital, 2600 Nichols Ave.,  
S.E., Washington 20, D. C.
- GARDINER, THEODORE D.  
California Hospital, 1414 S. Hope St., Los  
Angeles 15, Calif.
- GLAZIER, JON B.  
New England Center Hospital, Harrison  
Ave. and Bennett St., Boston 11, Mass.
- GREEN, KARL M.  
University Hospital, Baltimore, Md.
- HALLE, CARL I.  
University Hospital, Baltimore, Md.
- HANAUFER, FRANKLIN A.  
V & VI Medical Boston Univ., 818 Harrison  
Ave., Boston 18, Mass.
- HOLT, ROBERT S.  
Denver General Hospital, W. 6th Ave. and  
Cherokee St., Denver 4, Colo.
- INGHAM, ROGER B.  
University Hospital, Baltimore, Md.
- IRWIN, ROBERT C.  
University Hospital, Baltimore, Md.
- ISAACS, GILBERT H.  
V & VI Medical Boston Univ., 818 Harrison  
Ave., Boston 18, Mass.
- JAMES, ROBERT T.  
University Hospital, Baltimore, Md.
- JARBOE, JAMES P.  
Mercy Hospital, Baltimore, Md.
- JASION, ARTHUR R.  
Mercy Hospital, Baltimore, Md.
- JONES, ARTHUR F., JR.  
University Hospital, Baltimore, Md.
- JUST VIERA, JORGE O.  
Pennsylvania Hospital, 8th and Spruce Sts.,  
Philadelphia 7, Pa.
- KING, AUGUST D., JR.  
Mercy Hospital, Baltimore, Md.
- KIRSH, MARVIN M.  
University Hospital, 1313 E. Ann St., Arbor,  
Mich.
- KLEINMAN, MARTIN S.  
University Hospitals, 10th and Perry Sts.,  
Columbus 10, Ohio
- KOUKOULAS, PAUL G.  
St. Agnes Hospital, Baltimore, Md.
- KRAUT, WILLIAM  
University Hospital, Baltimore, Md.
- LANG, RICHARD C.  
Denver General Hospital, W. 6th Ave. and  
Cherokee St., Denver 4, Colo.
- LEWIS, DONALD R.  
St. Agnes Hospital, Baltimore, Md.
- LEWIS, GEORGE N., III  
Madigan Army Hospital, Ft. Lewis, Tacoma  
9, Wash.
- LEWIS, JACK C.  
University Hospital, Baltimore, Md.
- LUBAN, ARTHUR  
St. Joseph's Hospital, 16th St. and Girard  
Ave., Phila., Pa.
- MAILMAN, CHARLES J.  
Santa Barbara Cottage Hospital, 320 W.  
Pueblo St., Santa Barbara, Calif.
- MAINOLFI, FERDINAND G.  
Mercy Hospital, Baltimore, Md.
- McKAY, ELMER S.  
St. Luke's Hospital, 601 E. 19th Ave.,  
Denver 3, Colo.
- McWILLIAMS, DONALD R.  
University Hospital, Baltimore, Md.
- MERCER, PHILIP W.  
Public Health Service, Marine Hospital,  
Baltimore, Md.
- MOWER, MORTON M.  
University Hospital, Baltimore, Md.
- NATALE, RALPH D.  
Mercy Hospital, Baltimore, Md.
- NATARO, JOSEPH F.  
Nassau Hospital, 1st St., Mineola, N. Y.
- OTTO, JOSEPH R., JR.  
University Hospital, Baltimore, Md.
- PACE, NICHOLAS A.  
St. Joseph's Hospital, 16th St. and Girard  
Ave., Phila., Pa.
- PERRAS, DAVID A.  
Los Angeles County Hospital, 1200 N. State  
St., Los Angeles 33, Calif.
- PINKNER, LAWRENCE D.  
Sinai Hospital, Baltimore, Md.

POFFENBARGER, ARTHUR

Memorial Hospital, 3200 Noyes Ave., S.E.,  
Charleston 4, W. Va.

REDA, MARIO J.

St. Agnes Hospital, Baltimore, Md.

RHEA, WILLIAM E.

Providence Hospital, 1150 Varnum St., N.E.,  
Washington 17, D. C.

RIBNER, HERBERT

Montefiore Hospital, 210th St. and Bain-  
bridge Ave., New York 67, N. Y.

ROIG, RAMON F.

University Hospital, Baltimore, Md.

RUBENSTEIN, HOWARD J.

University Hospital, Baltimore, Md.

RUSSO, GERARD L.

Mercy Hospital, Baltimore, Md.

RYBCZYNSKI, CAROL E.

Mercy Hospital, Baltimore, Md.

SAX, DANIEL S.

V & VI Medical Boston Univ., 818 Harrison  
Ave., Boston 18, Mass.

SHOCKET, STANLEY S.

State Univ. of Iowa Hospitals, Newton Rd.,  
Iowa City, Ia.

SCHROEDER, JOHN R.

St. Agnes Hospital, Baltimore, Md.

SERPICK, ARTHUR A.

University Hospital, Baltimore, Md.

SHIELDS, EARL F., JR.

Akron General Hospital, 400 Wabash Ave.,  
Akron 7, Ohio

SNYDER, STANLEY N.

Los Angeles County Hospital, 1200 N. State  
St., Los Angeles 33, Calif.

SOLOMON, HARVEY M.

Univ. of Minnesota Hospital, 412 Union St.,  
S.E., Minneapolis 14, Minn.

STUMP, BEVERLY J.

Rochester General Hospital, 1425 Portland  
Ave., Rochester 21, N. Y.

THOMAS, ROBERT J.

Mercy Hospital, Baltimore, Md.

TRAIL, MERVIN L.

U. S. Naval Hospital, Portsmouth, Va.

TROTTER, GEORGE S.

St. Vincent's Hospital, Barrs and St. Johns  
Ave., Jacksonville 4, Fla.

VARNER, ROBERT I.

University Hospital, Univ. Pl., Augusta, Ga.

WILHELMSEN, HANS R.

Mercy Hospital, Baltimore, Md.

YOUNG, ROBERT H., JR.

Public Health Service, Marine Hospital,  
Baltimore, Md.

## Committee Creates C. Reid Edwards Endowment Fund

A COMMITTEE of the University Hos-  
pital staff has recently organized the C.  
Reid Edwards Endowment Fund, in  
honor of Dr. C. R. Edwards, former  
Professor of Surgery in the School of  
Medicine, as announced by Dr. Harry  
C. Hull, a member of the committee.

In a letter sent to many of the alumni  
and faculty of the School, Dr. Hull said,  
"In view of the contributions and loyal  
service of Dr. Charles Reid Edwards to  
the University of Maryland School of  
Medicine and University Hospital, it is  
believed that a lasting tribute should be  
established in his name. Recently, he  
passed his 70th birthday. Such a tribute  
on this occasion seems most appropriate  
and timely.

"Since he has devoted so much time  
and effort toward the training of young  
surgeons, establishment of a Fellowship  
in Surgery in his name should serve as  
a distinctive and desirable testimonial.

"Believing that you will want to par-  
ticipate in this tribute to Dr. Edwards  
your financial support is earnestly re-  
quested. . . . Please make contributions  
to: The C. Reid Edwards Fund, Room  
820, University Hospital, Baltimore 1,  
Md."

Members of the Executive Committee  
include Drs. Thurston R. Adams, James  
G. Arnold, Jr., Robert W. Buxton,  
Harry C. Hull, George H. Yeager, and  
Dean Wm. S. Stone. Many of the  
former residents in surgery of Univer-  
sity Hospital form the "Past-Residents'  
Committee," and an Honorary Commit-  
tee consisting of a number of prominent  
physicians active in this city is also par-  
ticipating in the organization of the  
Fund.

**Dr. Irvine H. Page to Present Third  
Pincoffs Lecture**

THE Department of Medicine has announced that Dr. Irvine H. Page will present the third Maurice C. Pincoffs Lecture in Medicine, "Mechanisms and Treatment of Arterial Hypertension," on Monday evening, December 14, 1959, at 8:15 p.m. in Chemical Hall.

**Dr. Samuel T. R. Revell, Jr. Named  
Associate Dean**

SAMUEL T. R. REVELL, JR., an alumnus of the School of Medicine in the Class of 1937, has been named Associate Dean, according to an announcement by Dr. William S. Stone, Dean of the School of Medicine. Dr. Revell has succeeded Dr. Robert T. Parker who resigned his post as Associate Dean to accept an appointment as Chief of Medicine at the South Baltimore General Hospital in Baltimore, Md.

A native of Georgia and one of a long line of physicians, Dr. Revell was born on October 21, 1910 in Louisville, Ga. From 1923 until 1927, he attended the Louisville Academy and received his Bachelor of Science degree from the University of Georgia in 1933.

Following his graduation from the School of Medicine, he was successively an intern at the University Hospital and Assistant Resident in Medicine at the University Hospital from 1939-40, following which he served as Fellow in Pathology. From 1941 until January 1942 he served as Resident Physician at the University Hospital, leaving to enter the armed services. During World War II he was stationed at various posts in the West Indies and for a while at-

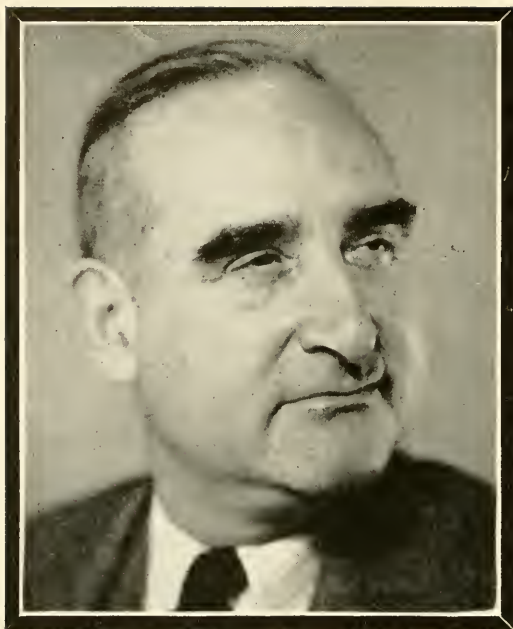
tended the Army Medical School, Virus and Rickettsial Department. He then became Assistant Chief of the Medical Service of the 34th General Hospital in the European Theater, being discharged in January 1946. He returned to the University of Maryland, serving first as Chief of the Diabetic Clinic and being promoted through the ranks, from Instructor in Medicine to his present rank as Professor of Medicine and Director of the Division of Hypertension.

Dr. Revell's professional interests have included hypertension and diseases of metabolism. He is a member of the American Board of Internal Medicine, the American College of Physicians, the New York Academy of Sciences, the American College of Cardiology, the Nu Sigma Nu Medical Fraternity, and Alpha Omega Alpha Honorary Society.

**Student Wives Organize as  
"Woman's Auxiliary to Student  
American Medical Association"**

WIVES of medical students have now assumed the responsibility of learning with their husbands and becoming better able to fulfill future responsibilities as wives of practicing physicians. Under the leadership of Mrs. Charles Parker (Class of 1958), an auxiliary to the Student A.M.A. was formed and numbers approximately 140 members. The student wives will study problems relating to legal medicine, hypnosis, practical aspects of starting a medical practice, and professional management.

The auxiliary to the student A.M.A. has been organized on a national level, finding strength in unity. The organization is also associated with the Baltimore County and Baltimore City Medical Association Auxiliaries.



**Jacob E. Finesinger**

**1902 - 1959**

*THE School of Medicine announces with regret the passing of Dr. Jacob E. Finesinger, Professor of Psychiatry. Dr. Finesinger's tenure in the School of Medicine extended from early in 1950, covering the period of the reorganization of the Department of Psychiatry, and the construction of the Psychiatric Institute.*

*A native of Newcastle, Pa., and a graduate of the Johns Hopkins University (1923), Dr. Finesinger came to the School of Medicine from the Harvard University Medical School, where he had served as Assistant Professor of Psychiatry from 1936 until 1950. Dr. Finesinger's complete biographical note was published in the BULLETIN (Vol. 35:2, 1950).—EDITOR.*

JACOB FINESINGER could be described in many ways—in terms of his pleasure in living, his love and understanding of the arts, his scientific accomplishments, his capacity for friendship. Perhaps these qualities are best expressed in the words of one of his favorite philosophers. Alfred North Whitehead wrote: "I have been taught that beauty, moral and aesthetic, is the aim of existence, and that kindness and love and artistic satisfaction are among its modes of attainment."

As a teacher, Dr. Finesinger had many of the qualities of an inspirational figure. His constant seeking after truth, his life-

long searching for unifying principles, his refusal to be dominated by mediocrity—all of these marked him as a true adventurer of the mind, and also, a man of intense moral courage.

Jacob Finesinger brought to his students a personality and a wisdom which had developed by association with many different disciplines of thought. His knowledge of neurology, physiology, psychology, sociology, psychoanalysis, and philosophy is amply illustrated by his numerous contributions to the medical literature on these subjects. In teaching medical students, he could gracefully

blend data from these several areas of the spectrum of human knowledge and stimulate thinking that would transcend the narrow boundaries of one isolated subject.

His skillfully and subtly executed interview with an unknown patient in front of a classroom of students was an example of professional skill of the highest order, modified and made even more valuable by the inherent humility, democracy, and kindness of this man and the self respect and dignity which he nurtured in the interviewee. During this 20 minute interview, he elicited material from a medical patient which clarified not only the present illness but also emphasized the personality profile of the patient, and how this latter aspect affected illness and health and the doctor-patient relationship.

He encouraged every student and doctor to become seriously involved with understanding the practical aspects of human personality and behavior and their relationship to illness and health.

Otto Will has written that "the interview itself may be looked upon as a miniature of all communication processes, containing within it the essential qualities of all human relationships, and much data relevant to the getting along of a person in any social setting." Dr. Finesinger taught this concept by challenging and confirming the validity of this process daily, interviewing patient after patient before medical students. He taught that the interview is a vignette illustrating the particular patterns of living which may make trouble for the patient. He stressed that in this initial interview are many of the important ingredients of more prolonged therapy. Jacob Finesinger taught that every doctor, regardless of what his specialized

area of medicine or surgery, should know this much about psychiatry.

Being a great teacher involves something that many students find disturbing, that is, overriding the achievement of immediate goals and avoiding getting things intellectually settled. Many people need this immediate achievement of their initial goals to give them a sense of accomplishment. Dr. Finesinger, with his eye always on the horizon, on the next question, on the basically unexplained assumptions behind the pat answers, did not give his students a sense of security in their early sessions with him. Only later did they realize how much wisdom, and how much of himself, this man had given them. He inspired them to become thinkers and questioners, rather than acceptors of the ready solution—and this is the essence of great teaching.

Jacob Finesinger will long be remembered for his herculean contribution to the teaching of medical students, medical practitioners, and to psychiatrists who, in turn, have become teachers in medical schools.

He revealed himself as a person with a basic ethic, a dominant set of values, which, though often couched in intellectual terms, seemed fundamentally concerned with the effort to improve the lot of his fellow human beings.

Albert Schweitzer, who has been concerned with these problems, has eloquently expressed himself in these words: "I stand and work in the world as one who aims at making men less shallow, and morally better, by making them think. I acknowledge myself to be one who places all his confidence in rational thinking. It is only by confidence in our ability to reach truth by our own individual thinking, that we are capable

of accepting truth from outside. Not less strong than the will to truth must be the will to sincerity. Only an age which can show the courage of sincerity can possess truth which works as a spiritual force within it. Because I have this certainty, I take upon myself with confidence the responsibility of taking my part in the rekindling of the fire of thought."

Had he put it into words, this might have been Jacob Finesinger's credo.

EUGENE B. BRODY, M.D.

EPHRAIM T. LISANSKY, M.D.

### **Dr. Carl L. Davis, Professor of Anatomy, Emeritus, Dead**

DR. CARL L. DAVIS, Professor Emeritus of Anatomy, in the School of Medicine, died on July 13, 1959 after a short illness. Death was due to cerebral thrombosis. Dr. Davis, who retired from the chair of Anatomy in 1948, lived with his wife in Hillsdale, Michigan.

A native of Vermontville, Michigan, Dr. Davis was born on July 9, 1878. He received his medical education from the George Washington University School of Medicine and was graduated in 1902. He interned at the Garfield Memorial Hospital 1902-03 and then joined the staff of the George Washington University School of Medicine, first as Demonstrator and later as Professor of Anatomy, holding this chair until 1919. He became Professor of Anatomy in the School of Medicine in 1919 and was retired in 1948.

Dr. Davis was profoundly interested in the anatomy of the central nervous system and contributed a number of original articles, including principally a stereoscopic atlas, which no doubt served

as a prototype for many of the excellent illustrations currently available. He was also interested in embryology and contributed a number of useful models which are on display in the School of Medicine.

Dr. Davis was a member of Phi Sigma fraternity, Sigma Xi, the American Association for the Advancement of Science, the American Association of Anatomists, and the Hillsdale, Michigan Medical Society.

### **Medical Library Notes**

BETWEEN June 1 and August 1, 1959, the library received gifts of books and journals from the following donors:

DR. LOUIS BLUM

DR. LEONARD B. GLICK

DR. FRANK W. HACHTEL

MRS. FLORENCE R. KIRK

DR. JOSEPH A. KNELL

DR. ARTHUR M. KRAUT

MR. GODFREY M. LEBHAR

DR. ROBERT T. PARKER

DR. MAURICE C. PINCOFFS

MISS DONNA ROUSSEAU

DR. ARTHUR B. SILVERSTEIN

MISS LILLIAN SNYDER

DR. HARVEY M. SOLOMON

DR. WILLIAM S. STONE

MR. W. J. WISCOTT

The library was gratified to receive from the authors an inscribed copy of *Clinical Dermatology* by our own Dr. Harry M. Robinson, Jr. and Dr. Raymond C. V. Robinson.

Dr. Arthur M. Kraut of Jersey City, New Jersey, has again contributed a generous check to the Ruth Lee Briscoe Library Fund, as he has so often done in the past.

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## POSTGRADUATE COMMITTEE SECTION

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### Postgraduate Committee, School of Medicine

HOWARD M. BUBERT, M.D., *Chairman and Director*

ELIZABETH B. CARROLL, *Executive Secretary*

Postgraduate Office: Room 201

Davidge Hall, Lombard and Greene Streets

Baltimore 1, Maryland

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#### Industrial Medicine and Occupational Health

The course in Industrial Medicine and Occupational Health which was such a success last autumn will be repeated on October 1 and October 8, 1959. Tuition for the course is \$20.00 for the two days including luncheons.

#### Dermatology

A course in Dermatology has been planned for September 16 and 17 but will be past history by the time this publication appears. However, the Department of Medicine is planning another course to be given December 16 and 17 the subject of which is not yet definite. Further information may be obtained from the Postgraduate Committee office.

#### Anatomy and Basic Sciences

The perennial favorites *Basic Sciences as They Apply to the Practice of Medicine* and *Clinical Anatomy* will be given again beginning in January, 1960. Applications should be made to the Postgraduate Committee Office.

#### Neuropathology

A course in Neuropathology for practicing pathologists is being planned by Dr. John Wagner. This will be a very comprehensive, concentrated course but dates for the series and other pertinent information are not available as this material is written. Interested persons should contact the Postgraduate Committee Office for complete information.

#### Southern Maryland Series

At the request of the Maryland Academy of General Practice, the Postgraduate Committee will give at the auditorium in Hughesville, Southern Maryland, a series of eight lectures twice monthly during September, October, November and December, 1959. This is being done as an assist to the men in this area who desire to do postgraduate work but find it impractical, if not indeed impossible, to leave their practices and come to Baltimore. Tuition for the series is \$25.00 and this office will be glad to give further information to any interested physician.



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## ALUMNI ASSOCIATION SECTION

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ERNEST I. CORNBROOKS, JR., M.D.

**President-Elect**

ARTHUR G. SIWINSKI, M.D.

**Vice-Presidents**

GUY K. DRIGGS, M.D.

WILLIAM S. M. LING, M.D.

EVERETT LIVINGSTON, M.D.

**Secretary**

J. EMMETT QUEEN, M.D.

**Treasurer**

HOWARD B. MAYS, M.D.

**Executive Director**

WILLIAM H. TRIPLETT, M.D.

**Executive Secretary**

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HOWARD B. MAYS, M.D.

CHARLES F. O'DONNELL, M.D.

J. EMMETT QUEEN, M.D.

HARRY M. ROBINSON, JR., M.D.

C. PARKE SCARBOROUGH, M.D.

ARTHUR G. SIWINSKI, M.D.

WILLIAM H. TRIPLETT, M.D.

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T. NELSON CAREY, M.D.

WILLIAM B. LONG, JR., M.D.,

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HARRY M. ROBINSON, JR., M.D.

GIBSON J. WELLS, M.D.

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Alumni Board**

THURSTON R. ADAMS, M.D.

DANIEL J. PESSAGNO, M.D.

WILLIAM H. TRIPLETT, M.D.

**Representatives, Editorial Board,  
Bulletin**

JOHN HORNBAKER, M.D.

HARRY M. ROBINSON, JR., M.D.

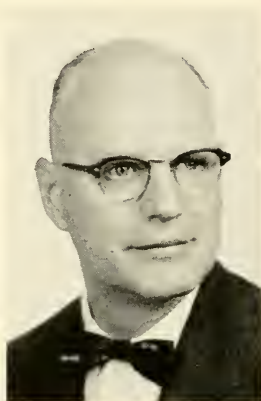
C. VERNON WILLIAMSON, M.D.

ERNEST I. CORNBROOKS, JR., M.D.  
(*ex-officio*)

**Representatives, Advisory Board,  
Faculty**

ERNEST I. CORNBROOKS, JR., M.D.

WILLIAM H. TRIPLETT, M.D.



### President's Letter

*Dear Fellow Alumni:*

The theme of last month's President's Letter seemed to strike a welcome note among many alumni. Therefore we will continue in our present course.

Dr. Manganiello and his committee have made definite arrangements for the University of Maryland Alumni buffet supper in Atlanta on Tuesday, November 17 during the Southern Medical Association Meeting. I would appreciate it if all of you would make a definite effort to be present.

The number of dues paying alumni members are increasing over last year which is good news.

Despite unfavorable weather conditions, vacations, and all the other disturbing elements of the season, your Board of Directors held a meeting in August and laboriously worked out plans for the coming year. We want to convince every alumnus that this is not a static organization.

Sincerely,

ERNEST I. CORNBROOKS, JR.

*President*

## GENERAL ALUMNI ASSOCIATION MEETING

THE annual meeting of the Association was held on June 4, 1959 at which time the following officers were elected to office: Dr. Ernest I. Cornbrooks, *President*; Dr. Arthur Siwinski, *President-Elect*; Dr. Everett Livingston, *First Vice President*; Dr. William S. M. Ling, *Second Vice President*; Dr. Guy K. Driggs, *Third Vice President*; Dr. J. Emmett Queen, *Secretary*; Dr. Howard Mays, *Treasurer*; and *Directors*, Drs. J. Howard Franz, Charles F. O'Donnell, C. Parke Scarborough.

Dr. Edgar B. Friedenwald, Class of 1903, was presented the Alumni Honor Award.

A report was made by Dr. Harry M. Robinson, Jr., on the activities of the year.

A resolution pertaining to an increase in dues was presented. The resolution was accepted and a motion was made and carried that the dues be increased from six dollars per year to ten dollars per year and that this figure include the three dollar subscription to the BULLETIN; the increase to become effective in 1960.

A resolution was presented by Dr. John Young, Jr., requesting an amendment to the constitution and by-laws. The resolution read as follows:

"WHEREAS, members of the University Hospital Resident Staff and members of the University of Maryland School of Medicine Faculty are often individuals who are intensely interested and loyal to the institution, and

"WHEREAS, some of these individuals have expressed a desire to attend and participate in the medical alumni activities and scientific programs, and

"WHEREAS, these groups have been invited to become members of the med-

ical alumni associations of other leading medical centers,

"*Be It Resolved* by the undersigned members of the University of Maryland Medical Alumni Association that the Board of Directors of said association present proper amendment to the constitution and by-laws to the alumni at their general meeting in June 1959 to provide eligibility for membership to any individual who has served satisfactorily for one or more years on the Resident Staff of the University Hospital, or who has been a member, with the rank of Instructor or above, of the Faculty of the University of Maryland School of Medicine for one or more years, and that these members be subject to the same privileges, dues, and by-laws as the members who have graduated from the medical school."

According to the constitution, this must be presented first to the Medical Alumni Board of Directors and therefore no action was taken.

The following resolution regarding membership in the General Alumni Council was presented as follows:

"*Be It Resolved*, that representatives of the General Alumni Council be initially selected as follows: The President of the Association to be a member during his term of office, and two additional members to be selected from the Board of Directors by the Nominating Committee, one to serve a period of two years, the other a period of one year. At the next annual election after the provisions of this resolution have been met the Nominating Committee shall present the name of one candidate selected from the Board of Directors who shall serve a period of two years."

A motion was made and carried that the resolution be accepted.

Nominations were held for members

of the Nominating Committee and the following were elected and unanimously accepted: Drs. Gibson Wells, George Bennett, T. Nelson Carey, Harry M. Robinson, Jr., William B. Long, Jr.

## ALUMNI DAY REGISTRANTS

THE following alumni are those who registered for Alumni Day activities, June 4, 1959. We know of others who were present, but they failed to sign the register.—ED.

### Class of 1895

Nicholas G. Wilson

### Class of 1897

L. N. Glenn

### Class of 1898

B. W. Fassett James Patterson

### Class of 1903

J. L. DeCormis E. B. Friedenwald  
John Evans

### Class of 1909

G. E. Bennett	William E. Martin
Joseph E. Brumback	H. M. Robinson, Sr.
J. D. Dinsmore	John Robertson
Remo Fabbri	C. J. Strosnider
S. W. Hill	A. C. Walkup
C. B. Korns	

### Class of 1910

John G. Runkel

### Class of 1911

William H. Triplett

### Class of 1912

Robert Abell E. A. Livingston  
A. E. Goldstein

### Class of 1913

C. Reid Edwards

### Class of 1914

John R. Agnew	John F. Lutz
L. W. Blake	A. D. McFaddin
Arturo R. Cassilli	Austin H. Wood

### Class of 1915

Louis Diener W. R. Johnson

### Class of 1919

Wetherbee Fort Cyrus Horine

### Class of 1920

F. Z. Banvard	F. A. Holden
Howard M. Bubert	Wm. J. B. Orr
L. C. Dobidal	J. Morris Reese

### Class of 1922

David N. Ingram Thos. R. O'Rourke

### Class of 1923

George A. Knipp Arthur M. Kraut

### Class of 1924

Clewell Howell James Marsh

### Class of 1925

Leo T. Brown	S. S. Glick
James S. Eastland	Joseph Nataro

### Class of 1926

Margaret B. Ballard T. N. Carey

### Class of 1927

A. N. Finkelstein Frank K. Morris

### Class of 1928

John C. Krantz, Jr.

### Class of 1929

Walter A. Anderson	Joseph N. Corsello
F. A. Clark	John J. Haney
Herman Cohen	Israel P. Meranski

### Class of 1931

Mark Hollander Arthur G. Siwinski

### Class of 1933

Lauriston Keown Jerome Fineman  
D. R. Robinson

### Class of 1934

Thurston R. Adams	Reuben Leass
Louis V. Blum	Helen I. Maginnis
Sam Diener	Hugh B. McNally
George Dorman	William T. Reardon
Joseph R. Dietz	M. Rosen
R. F. Downey	James G. Sasscer
R. N. Dreher	Daniel J. Schwartz
Robert W. Farr	Joseph A. Sedlack
William L. Fearing	John N. Snyder
Sidney Gilman	W. P. Stephens
Herbert Goldstone	H. Lawrence Sutton
Joseph Gordon	Isador Tuerk
M. J. Hanigsberg	Charles Zurawski
W. L. Howard	

### Class of 1935

E. I. Cornbrooks, Jr.	H. M. Robinson, Jr.
Howard B. Mays	Milton Siscovick

### Class of 1936

Harry C. Bowie	Gibson J. Wells
W. E. Karfgin	

### Class of 1937

Benjamin Highstein	Joseph E. Muse, Jr.
D. Frank Kaltrieder	Samuel T. Revell, Jr.
Isadore Kaplan	

### Class of 1938

Robert C. Sheppard John A. Wagner

### Class of 1939

Robert Coffman	Leonard L. Heimoff
R. M. Cunningham	F. B. Whitworth

## ALUMNI ASSOCIATION SECTION

### Class of 1940

James R. Karns      R. C. V. Robinson

### Class of 1941

E. Sherrill Clement      John Young, Jr.

### Class of 1942

J. Howard Franz      John Rosin  
Joseph C. Furnari      E. R. Shipley

### Class of 1943

Elizabeth Acton      J. Emmett Queen  
Ruth Baldwin      E. N. Stump, Jr.  
J. Carlton      Irwing J. Taylor  
Wm. N. Corpening      David R. Will

### Class of 1944

R. C. Cloninger      Donald W. Mintzer  
James A. Doukas      Charles F. O'Donnell  
W. C. Ebeling      E. B. Randolph  
E. G. Guy      Harry Rolfes  
Richard C. Hayden      Charles E. Shaw  
Philip H. Lerman

### Class of 1946

William Gentry      Jerome D. Nataro

### Class of 1948

M. Mallis

### Class of 1949

M. K. Carter      Lillian K. Ziegler

### Class of 1950

G. H. Greenstein      Seymour H. Rubin  
E. M. Poling

### Class of 1951

Harry L. Knipp      A. D. Richardson

### Class of 1952

David Levy

### Class of 1953

Lewis Richmond, Jr.      Robert T. Singleton

### Class of 1954

Edwin H. Besson      William C. Hoyt  
Robert B. Goldstein      Robert E. Yim

### Class of 1959

David Abramson      Stanley Snyder  
G. Asrael      G. S. Trotter  
S. Z. Felsenberg

### Faculty

J. E. Bradley      Leonard Scherlis  
Kurt Glaser

## Card of Thanks

THE Alumni Office extends sincere thanks to Dr. L. N. Glenn of Gastonia, N. C., for developing and forwarding to the Alumni Association information relative to the Class of 1897. Such class infor-

mation is greatly needed by the Alumni Association and is sincerely appreciated.

## ALUMNI REUNION AT SOUTHERN MEDICAL CONVENTION

**Dr. Manganiello Heads Reception to be Held November 17 at Atlanta**

A COMMITTEE under the co-chairmanship of Drs. Louis O. J. Manganiello and Eustace Allen, and assisted by Dr. Francis C. Dickey, has arranged a cocktail party and buffet dinner Tuesday, November 17, 1959 in conjunction with the annual meeting of the Southern Medical Association.

The dinner will be held at the Dinkler Plaza Hotel in Atlanta on Tuesday, November 17th, the reception and cocktail party beginning at 6:00 P.M., with dinner being served at 8. There will be a registration desk for University of Maryland alumni at the Southern Medical Association Convention entrance. Tickets for the dinner may be obtained at this desk. For further information, contact either Dr. Louis O. J. Manganiello, Medical Arts Building, Augusta, Ga., or the Medical Alumni Association in Baltimore.

## "Goldie" Honored Again

THE Medical Alumni Association's ever active Albert E. "Goldie" Goldstein was cited by the University for his contributions to the University as a whole through his distinguished efforts on behalf of the Greater University of Maryland Fund, which he has served as General Chairman.

In a surprise ceremony on June 18th, the Board of Regents presented Dr. Goldstein with a citation as a distinguished alumnus.

## 152nd COMMENCEMENT WEEK CELEBRATED



### **Dr. Edgar B. Friedenwald Awarded Alumni Gold Key**

THE June Week festivities celebrating the end of the 152nd Academic Year began with the celebration of Alumni Day on Thursday, June 4th, 1959.

Following registration and opening exercises which featured coffee and buns, the Alumni Day program proceeded with scientific papers by Dr. Charles G. Zubrod, who spoke on "The Present Status of Chemotherapy in Cancer," and Dr. Eugene Brodie, whose paper was entitled "Present Status of the Schizophrenia Problem." This portion of the program was introduced by Dr. Milton S. Sacks. The regular business meeting of the Medical Alumni Association was then held (minutes will be found elsewhere in this issue), and this was followed by the presentation of the Alumni Honor Award and Gold Key to Dr. Edgar B. Friedenwald, Emeritus Professor of Pediatrics and a member of the Class of 1903. Following the presentation, Dr. Friedenwald spoke briefly on

certain phases of his life with respect to the University. (His address is printed elsewhere in this issue.)

At the conclusion of the business meeting, luncheon was served in the gymnasium of the Psychiatric Hospital. After the luncheon, members of the reunion years celebrated their individual class reunions, these being succeeded by the annual banquet held at the Lord Baltimore Hotel at 7:00 P.M. Honor guests at the banquet included Dr. Harry M. Robinson, Jr., president, and Dr. Ernest I. Cornbrooks, president-elect of the Medical Alumni Association; Dr. Wilson H. Elkins, president of the University of Maryland; Dr. William S. Stone, Dean of the School of Medicine; Dr. Albin O. Kuhn, executive vice president of the University; Dr. Donald Craig Kerr, pastor of the Roland Park Presbyterian Church, along with members of the Class of 1959, and the honored alumni, members of the Class of 1909. The members of the Class of 1909 received their 50-year diplomas from Dr.

## ALUMNI ASSOCIATION SECTION

Harry M. Robinson, Jr., president of the Medical Alumni Association. Those members of the Class of 1909 attending the festivities were:

### University of Maryland—1909

A. Marvin Bell	Lynn J. Putman
George E. Bennett	Joel Cutchins Rawls
C. Irving Benson	Joseph W. Ricketts
W. W. Braithwaite	John Wm. Robertson
C. Bythell Collins	Harry M. Robinson
Harry B. Gnatt, Jr.	John T. Russell
Wm. T. Gibson	Hugh W. Smeltzer
Simon Wickline Hill	Claud C. Smink
James A. Hughes	N. S. Stirewalt
A. Seanor Kepple	C. F. Strosnider
Wm. Walter Kettle	Alfred Chas. Trull
C. Granger Moore	F. Henry Vinup
J. L. Moorefield	Adam C. Walkup
Charles A. Neafie	L. W. Williams
James B. Parramore	E. Bascom Wright
W. Marshall Priest	

### College of Physicians and Surgeons—1909

Michael Abrams	Wm. G. C. Hill
C. A. Andrews	A. Clyde Knight
J. D. Dinsmore, Jr.	Wm. G. Phillips
B. Dodrill	H. H. Talbott
DeWitt Faucett	Felix M. Vilella
Wm. Greenfeld	

### Baltimore Medical College—1909

Edward B. Bailey	Edward M. Looney
Joseph E. Brumback	Morris Maslon
Jesse W. Campbell	H. F. McPherson
Vivian P. Edwards	Juan S. Morales
Remo Fabbri	Arthur M. O'Connor
Allen Graham	T. E. Patteson
C. Bryon Korns	C. Addison Smith
Edwin R. Lewis	Morris L. Yubas

Other honored guests whom we would particularly like to mention were members of classes of the previous century:

NICHOLAS G. WILSON of Norfolk, Va.,  
Class of 1895

L. N. GLENN of Gastonia, N. C., Class  
of 1897

JAMES PATTERSON of Pittsburgh, Pa.

BURTON W. FASSETT of Durham, N.  
C., Class of 1898

John Evans of Baltimore and J. L. Decormis of Accomac, Va., of the Class of 1903, were also among those attending.



And on Alumni Day some returned after many years to sit on the old benches in the warm June sun and perhaps to think and to watch and to enjoy the old associations again.

## DOCTOR FRIEDENWALD'S ACCEPTANCE REMARKS

MR. President, Fellow Alumni, Former Students, Colleagues:

Let me first express my deep appreciation for the honor you have seen fit to confer upon me.

If I am deserving of any merit, I assure you, it has been derived from the influence of others, first, the example of my parents and my brothers, then that of certain of my teachers, and finally the students and house-officers who worked with me for 40 years. The ambition to improve myself was stimulated by the latter. My father, the late Professor Aaron Friedenwald, was forced to quit school at the age of 14 but was determined to further his education. Although his five sons were offered all the advantages of education they would accept, he had a broader education than any of them. From my dear mother, I learned exactness.

It was my good fortune to attend the parochial school of the Zion Lutheran Church. They not only taught the basic subjects, but they broadened the field of education to include botany, the elements of science, history, and German. I then attended the Baltimore City College, where I was fortunate in being

under the guidance of Professor White, the teacher of English literature and rhetoric. This remarkable gentleman had a quality of fineness that immediately secured the respect of the students.

At the beginning of each session, Professor White allowed each student to choose an English author. During the session, we presented a report, before the class, either upon the author's work or as a biographical sketch. One naturally endeavored to have his report in such a form as to please the teacher. If he had something to say, about one's report, he would ask the student to drop in to see him, after school. There, he would make valuable suggestions and constructive criticism. This fine gentleman stimulated me to read, a practice I have ever continued.

I attended the Maryland College of Pharmacy for two years. Here I came under the influence of Professor William Simon, a really great chemist.

In the autumn of 1899, I entered the College of Physicians and Surgeons, where I was exposed to the influence of a remarkable faculty of teachers, including Professors Simon and Keirle, in whose laboratories I was privileged to



Dr. and Mrs. Edgar B. Friedenwald, President Wilson H. Elkins, and Dr. Harry M. Robinson, Jr.

work. Latimer, a marvelous teacher, kept up with all the advances in medicine of his day. George J. Preston, a remarkable lecturer, has never been replaced in Baltimore as a neurologist and psychiatrist. George Dobbin, a teacher who was ambidextrous; while lecturing on embryology, he would make excellent drawings with various colored crayons, using both hands. William F. Lockwood, an outstanding diagnostician, succeeded Latimer as professor of medicine and soon became dean. With the amalgamation of the College of Physicians and Surgeons and the School of Medicine of the University of Maryland, in 1915, Lockwood became professor of medicine and dean of the faculty.

Doctor Lockwood was not a brilliant lecturer, but was a remarkable bedside teacher. He was the quintessence of a gentleman, and all who were associated with him became better physicians because of this association.

Doctor A. C. Harrison, who became demonstrator of anatomy, under the charming gentleman, Professor Isaac R. Trimble, the professor of anatomy, was a remarkable teacher and introduced real modern surgical technique. Stripped to the waist, it was my privilege to dissect, during the summer, between my freshman and sophomore years, with Doctors Trimble and Harrison. During the next summer, I assisted Doctor Harrison in dog surgery. I feel I owe him especial gratitude for preparing me to do major surgery on the kitchen table, for miners and their families in the coal fields of Western Pennsylvania and West Virginia.

It was also my privilege to act as my father's chief of clinic and select the cases which he desired to show in his eye clinics. Father gave me a list of con-

ditions he desired to present and I was able to have these cases ready for him.

There were a number of men of remarkable ability, with whom I came into close contact, on the junior faculty, namely: Doctors Keirle, Ruhrah, Gardner, McCleary, McGlannan, Blake, Gamble, Brack and my brothers, Harry and Julius.

It was my good fortune to be closely associated with my remarkable classmate Samuel Taylor Darling, whose influence upon me was most stimulating. I accompanied him each afternoon to the library of the Medical and Chirurgical Faculty, where we read medicine.

As a junior interne at the City Hospital, now Mercy Hospital, during my senior year in medicine, I came into close contact with the remarkable group of men then on the attending staff.

After graduation, upon the advice of Doctor John Ruhrah, I procured a position, as physician, in the coal fields of Western Pennsylvania and then in West Virginia, where I had the opportunity of getting to know people, and to practice what I had been taught. I remained in the coal fields two years, then returned to Baltimore, and did graduate work at the Johns Hopkins Medical School, under Thayer, Barker, Cole, Boggs, and Howard.

It was again my good fortune to attend Doctor John Finney's operations, at the Union Protestant Infirmary, each Thursday, and become acquainted with the excellent surgery he performed and to know this fine man. During this period I worked with the late Charles Simon, where I learned to appreciate the new approach to clinical pathology.

After completing my post graduate work in Baltimore, I returned to Charleston, West Virginia, where I engaged in

active general practice for a period of three years. Here I met and married my future helpmate, Miss Bettie Freundlich, who became my constant partner and provided the real stimulus for my continued progress.

I desired to specialize in a branch of medicine, and unquestionably influenced by my teachers, Doctors Latimer and Ruhrah, I took my family to Berlin, Germany, where I served under the stimulating supervision of the great masters of pediatrics, Heubner and Finklestein. After spending a year and a half in Ger-

many, I returned to Baltimore to practice and teach pediatrics.

You can easily see what wonderful opportunities were given me.

Any accomplishment I may have made, I owe to these remarkable people under whose influence I came, and to them I owe this distinction you so generously have bestowed upon me.

The Almighty in His graciousness has granted me the privilege of living through the many advances of modern medicine and of having had such kind and loyal friends.

## 1959 AMA-ALUMNI SOCIAL

### Dr. A. M. Kraut Heads Atlantic City Function

MORE than 25 Alumni, faculty and friends of the School of Medicine gathered at the Haddon Hall Hotel in Atlantic City on Tuesday, June 9, 1959. Sponsored by the Medical Alumni Association, the reception was organized by Dr. A. M. Kraut of Jersey City, N. J.

The next planned Alumni Reception will be held on the occasion of the 1959 annual meeting of The Southern Medical Association in Atlanta, Georgia.



A.M.A.—U. of M. Reception, June 9, 1959. Above (left to right): Dr. Albert E. Goldstein, Dean Wm. S. Stone, Gen. Nunah T. Kirk, Dr. Joseph Nataro, and Dr. A. M. Kraut.

Alumni of the School of Medicine at social.



## MD. ALUMNI AT N. C. STATE MEDICAL MEETING

### Dr. Patricia Dodd Heads Successful Program

THE University of Maryland Alumni of the State of North Carolina met for a social hour and dinner on May 4, 1959, in the Tropical Room of the George Vanderbilt Hotel in Asheville during the North Carolina State Medical Convention. Arrangements were made by Patricia Dodd, Class of 1944.

Those attending were:

Dr. and Mrs. George C. Rogers of Spartanburg, S. C., Class of 1943

Dr. and Mrs. John R. Gamble of Lincolnton, N. C., Class of 1946

Dr. Zack D. Owens of Elizabeth City, N. C., Class of 1930

Dr. and Mrs. Carl N. Patterson of Durham, N. C., Class of 1944

Dr. and Mrs. Sam H. Walker of Asheville, N. C., Class of 1943

Dr. and Mrs. J. B. Anderson of Asheville, N. C., Class of 1935

Dr. and Mrs. J. R. Lowery of Salisbury, N. C., Class of 1903

Dr. Patricia Dodd of Asheville, N. C., Class of 1944.

Dr. Albert Goldstein of Baltimore was the principal speaker of the evening. He discussed the progress and future plans of the Medical School and of the University of Maryland at large. Dr. J. R. Lowery entertained the Alumni with stories of his early days in practice.

The next annual meeting will be held in Raleigh in May 1960.



1. (Left to right): Dr. Zack D. Owens '30, Elizabeth City, N. C.; Dr. J. B. Anderson '35, Asheville, N. C.; Dr. R. S. McDuffie, and Dr. George C. Rogers '43, Spartanburg, S. C.  
2. (Left to right): Mrs. G. C. Rogers; Dr. J. R. Gamble, Jr. '46, Lincolnton, N. C.; and Mrs. S. H. Walker.  
3. (Left to right) seated: Mrs. Rogers, Mrs. Lowery, Dr. Dodd '44, Mrs. Gamble, Mrs. Patterson, Mrs. Walker. Standing: Dr. Sam H. Walker '43, Asheville, N. C.; Dr. George C. Rogers '43, Spartanburg, S. C.; Dr. John R. Gamble, Jr. '46, Lincolnton, N. C.; Dr. J. R. Lowery, '04, Salisbury, N. C.; Dr. Zack D. Owens '30, Elizabeth City, N. C.; Dr. C. N. Patterson '44, Durham, N. C.; and Dr. R. S. McDuffie.



## REPORT OF BOARD OF DIRECTORS, JUNE 30, 1959

THE treasurer, Dr. Siwinski, submitted a financial report for Alumni Day, June 4, 1959. The report showed that the total receipts were \$2,994.00 with disbursement totaling \$3,136.00, leaving a net loss of \$142.00. This was most gratifying to the Board as the loss was far less than that experienced the previous year.

At the meeting of the Southern Medical Association a reunion of the Medical Alumni Association to be held on November 17 was discussed. It was suggested that the Alumni office work closely with the committee appointed for this function to insure complete coverage of announcements and other activities in connection with this reunion.

It was considered desirable to hold a reunion when the American Medical Association convenes in Miami in June of 1960 and Dr. Cornbrooks was requested to advise the AMA of the desire of the Board.

Approval was given to the suggestion that a reunion also be held at the American Academy of General Practice meeting when it is held in Philadelphia March 19-24, 1960. Dr. Cornbrooks offered to solicit information regarding the possibility of having a reunion at this meeting.

An application for associate membership from Dr. Henry J. L. Marriott was approved.

Dr. Robinson congratulated Dr. Cornbrooks upon his election to the presidency and thereupon turned the office over to him.

Respectfully submitted,

J. EMMETT QUEEN, M.D.  
*Secretary*

The Board met again on August 18, 1959, and discussed plans for the coming year.

Discussions were held and plans made for reunions to be held at the Southern Medical Association Meeting in Atlanta on November 17; at the American Academy of General Practice in Philadelphia in March of 1960; and at the American Medical Association in Miami in June, 1960.

A recommendation to hold a repeat Oyster Roast in February, 1960 was met with unanimous approval. It was considered necessary to have a charge of \$1.00 to defray part of the expenses. Dr. Triplett offered to make the necessary arrangements to hold the affair at the 104th Medical Regiment Armory.

The Student Loan Committee was requested to draw up ways and means plans for this program. A financial report showed a net balance of \$1,096.91 in the Fund.

Dr. Franz brought to the attention of the committee a newly organized group known as Directors of Medical Education of Baltimore Hospitals and suggested that members of this group could be helpful in bringing matters pertaining to the Alumni to the attention of members on the various hospital staffs.

A suggestion was made to present the Medical School with a plaque stating that the Marquis de Lafayette received an honorary degree in Chemical Hall in the early part of the 1800's; and that the name of the person who presented the degree be obtained as he had also received an honorary degree.

It was decided to send announcements in the fall of Alumni Day, June 2, 1960 to alumni so that they would have ample notice of the date.

Communications were read, among them expressions of gratitude for the Certificates of Appreciation sent 50-year graduates who were unable to attend the June Day program and receive them in person.

A letter from an interested alumnus stressing a stronger liaison between the Association and the Faculty was brought

before the Board. Dean Stone's reply to the suggestion was a model of excellence, being informative while pointing up the existing working relationship, its scope and its value.

Respectfully submitted,

J. EMMETT QUEEN,  
*Secretary*

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## CLASS NOTES

### Class of 1887

**William D. Corse** of 411 Yale Ave., Swarthmore, Pa., recently died.

### P & S 1893

**George W. Tyrrell** of 380 State St., Perth Amboy, N. J., died recently.

**Ira Washington Beall** of Libertytown, Md., died April 16, 1959, aged 91.

### P & S 1894

**Arthur O. McKinley** of Salisbury, Pa., died May 4, 1959, aged 91.

**Charles B. Warren**, of Gill, Colo., died on March 24, 1959.

### B.M.C. 1894

**Joseph M. Postelle** of 543 Regal St., Houston, Tex., recently died.

### B.M.C. 1895

**Benjamin Thomas Bitting** of Enid, Okla., died January 26, 1959, aged 91.

### B.M.C. 1896

**James S. Geen** of Utica, Ill., died on March 7, 1959, aged 88.

### P & S 1900

**John F. Norris** of New Brethrens Home, New Oxford, Pa., died at the age of 87 on May 19, 1959.

### Class of 1901

**Samuel Parks Watson** of New

Bern, N. C., died on March 16, 1959. At one time Dr. Watson was a member of the New York City Board of Health.

### B.M.C. 1902

**James Leo Gallagher** of 181 Beard Avenue, Buffalo, N. Y., died on March 10, 1959, at the age of 81.

### P & S 1903

**George F. Sargent** of Towson, Md., recently died at his home.

**Charles F. Abbott** of 216 Amherst Ave., Syracuse, N. Y., died May 2, 1959.

### Class of 1904

**Francis Harry Digges**, of Prince Frederick, Md., died on March 3, 1959, at the age of 82.

### Class of 1905

**E. McQueen Salley** of Hendersonville, N. C., died March 15, 1959.

**Stuart Baskin Sherard** of Gaffney, S. C., died on January 2, 1959, aged 79.

### Class of 1906

**Edward F. Briggs** of Truro, Mass., recently died.

### P & S 1907

**Edmond D. Tucker** of Nutter Fort, W. Va., died May 17, 1959, at the age of 79.

**B.M.C. 1907**

**Herman Paul Rieger**, 1311 9th Ave., North, Nashville, Tenn., died on April 16, 1959.

**Class of 1907**

**John Burr Piggott** of 1120 Vermont Ave., N.W., Washington, D. C., died on February 10, 1959, aged 82.

**Otho Paul Argabrite** of Alderson, W. Va., died at the age of 74 of heart disease on June 12, 1958.

**P & S 1908**

**Albert E. Nolte** of 3835 Coff St., Wheeling, W. Va., died on March 16, 1959, aged 76.

**B.M.C. 1908**

**Harry G. Tonkin** of 203 E. Burke St., Martinsburg, W. Va., recently died at the age of 78. Dr. Tonkin was twice mayor of the city of Martinsburg, W. Va., and was a former professional baseball player, playing for the Washington team.

**Class of 1908**

**Elias S. Nathanson** of 2 Nichols St., Lynn, Mass., died April 6, 1959, age 75.

**Class of 1909**

**Old Mount Vernon Provides Toast for 50-Year Veterans**

How a quart of old Mt. Vernon Rye came to be on the table of the Class of 1909 at its 50th reunion dinner is told very briefly in a letter received by the BULLETIN from **Dr. Harry M. Robinson**, veteran organizer of the Class of 1909. Dr. Robinson says, "Shortly after I graduated I made it my business to shepherd my flock, my 1909 class. I bought a bunch of square bottles of Mount Vernon Rye. Every five years thereafter, I called for a reunion, and put out a square bottle of Mount Vernon Rye at our private reunion and later

(the next day) at the reunion with the Alumni. This year being our Fifty Years' reunion, I thought it only proper to have only one dinner; and that with the General Medical Alumni Association.

"We did have a little gathering . . . at which we opened a bottle of the Mount Vernon Rye; and members of my class and their wives participated in the toast. We then went downstairs to the second floor, where I pulled out the other bottle (the last bottle), as I figured it would be the last reunion I would engineer."

**Clarence Bythell Collins** of North East, Md., died May 19, 1959.

**P & S 1910**

**John Oliver Newell** of Franklinton, N. C., died on February 18, 1959, age 82.

**Class of 1910**

**James B. Nicholls** of Windsor, N. C., died on May 15, 1959.

**Class of 1911**

**H. A. Codington** of Wilmington, N. C., died on May 21, 1959.

**P & S 1912**

**George V. Scott** of 319 Union St., Jersey City, N. J., died on May 17, 1959.

**Class of 1912**

**James Archie Duggan** of South Bend, Ind., died on February 10, 1959, aged 69.

**B.M.C. 1913**

**William Ellis Stokes** of 928 Julius St., Downey, Calif., died on March 1, 1959, at the age of 73.

**Class of 1914**

**Thomas F. E. Bess**, of Keyser, W. Va., died on March 18, 1959, age 68.

**William Carl Whitesides**, of York, S. C., died on February 28, 1959.

**Class of 1915**

**Raymond McKenzie** recently attended the Southeastern Surgical Congress held in Miami, Fla., in March, 1959.

**Class of 1917**

**Robert S. G. Welch** of Annapolis, Md., died on August 5, 1959. Dr. Welch was 66.

A native of Annapolis and a graduate of St. John's College, Dr. Welch served as a physician in the United States Navy during World War I and began private practice in otolaryngology in 1925. He was a former president of the Anne Arundel County Medical Association and former chief of staff at Anne Arundel General Hospital. Survivors include his son, Dr. Robert B. Welch of Baltimore.

**Class of 1925**

**William R. Sulman** of 2 E. Broad St., Hazelton, Pa., died on April 24, 1959.

**Class of 1926**

**Abraham S. Rothberg** was recently promoted to the position of Chief of Orthopedic Surgery at the Beth Israel Hospital in New York City. Dr. Rothberg lives at 110 E. 90th St., New York 28. He is also a Fellow of the American College of Surgeons.

**Class of 1927**

**Abraham R. Finkelstein** has been promoted to Professor of Clinical Pediatrics in the School of Medicine. Dr. Finkelstein has also been promoted to assistant professor of Pediatrics in the Johns Hopkins University School of Medicine.

**Frederick Van Duersen Wack** of 513 E. 39th St., Baltimore, died of a self-inflicted G.S.W. on May 27, 1959.

**Class of 1928**

**Samuel Robert Wells** of Hagerstown, Md., died suddenly of a heart

attack at the Washington County Hospital July 22, 1959. He was 54.

A native of New Martinsville, W. Va., he was a member of the Class of 1928, having received his pre-medical education at the University of Virginia. Dr. Wells served as an intern and surgical resident at the Maryland General Hospital for two years before entering private practice. He was active in the Maryland Academy of General Practice and was Past-President of the Washington County (Md.) Medical Society. He was also active on the staff of the Washington County Hospital in Hagerstown.

**Class of 1929**

**Jacob H. Conn**, of Baltimore, Md., has been recently named President of the National Society for Clinical and Experimental Hypnosis. Dr. Conn is assistant professor of Psychiatry at the Johns Hopkins University School of Medicine and is also engaged in the private practice of Psychiatry in Baltimore.

For many years he has been interested in child psychiatry, and is a member of the editorial board of the *Journal of Clinical and Experimental Hypnosis*, the *Journal of Clinical and Experimental Psychopathology*, the *Archives of Criminal Psychodynamics*, the *Nervous Child*, the *Publication Society of the Institute for Research in Hypnosis* and has been a contributor to Tice's *System of Medicine*. Aside from his medical school appointment, Dr. Conn is also active on the staff of the Sinai Hospital and the Seton Institute, both in Baltimore.

**William Yudkoff** of 744 Avenue C, Bayonne, N. J., was a recent contributor to the American Medical Education Foundation. Dr. Yudkoff designated his entire contribution to the School of Medicine.

In a letter from Dr. William S. Stone, Dean, Dr. Stone said, in part, "We greatly appreciate your interest and the assistance you are giving the school."

Dr. Yudkoff is a Diplomate of the American Board of Radiology.

### Class of 1935

The 25th reunion of the Class of 1935 will be held on Wednesday and Thursday, June 1 and 2, 1960. **Harry M. Robinson, Jr.**, Chairman of the Reunion Committee, has requested that members of the Class of 1935 watch the BULLETIN for further details.

Plans are in progress for a private reunion party on Wednesday, June 1, and for participation in the annual Alumni Day exercises and dinner on June 2. Other members of the committee include Carl Meck, Ernest Cornbrooks, Joseph Gross, Ed Cotter and C. Vernon Williamson.

### Class of 1938

**John Rizzolo**, who holds the rank of Colonel in the United States Air Force Medical Corps, has been recently named Executive Secretary of the Armed Forces Epidemiological Board to succeed Capt. R. W. Babione, U.S.N., who retired. Col. Rizzolo has been Assistant Executive Secretary of the Board since 1958. Colonel Rizzolo is first Air Force officer to serve as Executive Secretary of the Tri-Service Board.

Following his graduation from the School of Medicine, Dr. Rizzolo received his Master's Degree in Public Health from Tulane University in 1949 and was certified in public health by the American Board of Preventive Medicine in 1950. He holds the aeronautical rating of Senior Flight Surgeon. His active service has included an assignment as Preventive Medicine Officer with the

United States Air Force in Europe and as Hospital Commander at Laon Air Base, France.

### Class of 1939

**Irvin Miller** of New Rochelle, N. Y., died on January 26, 1959, at the age of 44.

**Raymond M. Cunningham** attended the Southeastern Surgical Congress held in Miami in March, 1959.

### Dear Classmate:

Our endeavors to have a class reunion on the 20th anniversary of our graduation met with limited though enthusiastic response. Twenty-four members were on hand for the annual alumni banquet held at the Lord Baltimore Hotel on June 4, 1959. Sixteen of this number were accompanied by their charming wives. Pre-banquet exercises included cocktails and warming conversation in two private parlors generously donated by the Hotel.

Your committee is looking forward to an even better turnout for our 25th reunion in 1964 and hopes to arrange for a private dinner party, possibly preceding the annual alumni banquet. We welcome suggestions from each of you (and your wife's opinion would be greatly appreciated) along this line.

In reply to the questionnaire sent to each member of the class, we received answers from 52 and two were returned because of improper addresses. This means that 28 did not return the questionnaire since we have 82 living members of the class of 87 who graduated.

Our deceased classmates are Albion Bernstein, Arnold Freed, Lewis Janerone, John Magruder and Irving Miller.

The following is a brief resume from

ALUMNI ASSOCIATION SECTION

each questionnaire; perhaps you will want to keep it for future reference. We suggest you use it for corresponding for old time's sake, or even for Christmas card mailing.

BAYLUS, HERMAN H., 1600 Wilkens Ave., Baltimore 23, Md. General practice. Married, two children.

BECK, HARRY M., 700 N. Charles St., Baltimore 1, Md. OB-GYN. Married, three children.

BERMAN, EDGAR F., 10 W. Mt. Vernon Pl., Baltimore 1, Md. General surgery. Married.

BERNSTEIN, AARON, 4400 Toledo St., Coral Gables, Fla. Internal medicine. Married, two children.

BREZINSKI, EDWARD, 469 Cornell St., Perth Amboy, N. J. General practice. Married, one child.

BRIELE, HENRY A., Medical Center, Salisbury, Md. General surgery. Married, two children.

CANNON, LAWRENCE, 139 Hillcrest Rd., Berkeley 5, Calif. Surgery. Married, four children.

CANNON, BETTY BESS, 139 Hillcrest Rd., Berkeley 5, Calif. Many activities, including housewife and mother of four children of Lawrence Cannon.

CIANOS, JAMES N., 112 Taplow Rd., Baltimore 12, Md. Surgery. Married, four children.

COFFMAN, ROBERT T., 117 State St., Keyser, W. Va. Surgery. Married, two children.

CUNNINGHAM, RAYMOND M., 4101 N. Charles St., Baltimore 18, Md. Surgery. Married, three children.

FILTZER, DAVID L., 7908 Long Meadow Rd., Pikesville 8, Md. Orthopedic surgery. Married, two children.

GAVER, LEE J., 1 Mallow Hill Ave., Baltimore 29, Md. General practice. Married, two children.

GOLDBERG, SYLVAN D., 4412 Elderon Ave., Baltimore 15, Md. Internal medicine. Married, two children.

GRIER, GEORGE S., 111, 84 Thirtieth St., Newport News, Va. Internal medicine. Married.

HAIMOWITZ, SAMUEL I., 1 Gardenia Rd., Levittown, Pa. Internal medicine. Married.

HARRISON, CHARLES S., 110 Waverly Way, Clarksburg, W. Va. OB-GYN. Married, one child.

HEIMOFF, LEONARD L., 180 E. 162nd St., Bronx 51, N. Y. General practice. Married, two children.

JONES, CHARLES W., 1801 Eye St., N.W., Washington, D. C. Internal medicine. Married, two children.

KAIRYS, DAVID, 55 E. 86th St., New York 28, N. Y. Psychiatry. Married, two children.

KAMMER, WILLIAM H., JR., 612 W. 40th St., Baltimore 11, Md. General practice. Married, seven children.

KAPPELMAN, MELVIN D., 817 St. Paul St., Baltimore 2, Md. OB-GYN. Married, two children.

KINNEMON, HOWARD F., Waverly, Easton, Md. Orthopedics. Married, one child.

KLEIMAN, BERNART S., 1113 N. Calvert St., Baltimore 2, Md. Otolaryngology. Married, three children.

LAPINSKI, HERBERT, 470 Ocean Ave., Brooklyn 26, N. Y. Internal medicine. Married, three children.

LAYMAN, WILLIAM T., Public Square, Hagerstown, Md. General practice. Married, four children.

MAGNESS, STEPHEN L., 21 Overhill Rd., Catonsville, Md. Psychiatry. Married, two children.

MARKS, IRVING L., 6306 Wisconsin Ave., Chevy Chase, Md. General practice. Married, two children.

McCLAFFERTY, WILLIAM J., 315 St.

- Dunstan's Rd., Baltimore 12, Md. Surgery. Married, four children.
- MORAN, JOHN A., 1860 Fountain Head Rd., Hagerstown, Md. Surgery. Married, two children.
- MORICLE, CHARLES H., SR., 1302 S. Park Dr., Reidsville, N. C. Surgery. Married, four children.
- NUTTALL, JAMES B., 134 S. Pershing Dr., Arlington, Va. Aviation medicine. Married, two children.
- PARKS, SEIGLE W., 102 Adams, Fairmont, W. Va. General practice. Married, three children.
- POLEK, MELVIN F., 5600 Purlington Way, Baltimore 12, Md. Surgery. Married, four children.
- REIMANN, DEXTER L., 2504 Creighton Ave., Baltimore 14, Md. Pathology. Married, two children.
- RUZICKA, EDWIN R., South St., Oxford, Md. Anesthesiology. Married, three children.
- SCHENTHAL, JOSEPH E., 1328 Aline St., New Orleans 15, La. Internal medicine. Married, three children.
- SCIHER, ISADORE, 3500 Bancroft Rd., Baltimore 15, Md. OB-GYN. Married, three children.
- SEIGEL, MAURICE B., 119 S. Alta Vista Blvd., Los Angeles 36, Calif. Internal medicine. Married, two children.
- SMOAK, PHILIP C., 2815 Parkland Blvd., Tampa, Fla. Surgery. Married, three children.
- SOLARZ, SYLVAN D., 7401 Oglesby Ave., Chicago 49, Ill. Internal medicine. Married, two children.
- STEGER, WILLIAM J., 1288 National Rd., Wheeling, W. Va. Internal medicine. Married, two children.
- STEVENS, LELAND BATES, 3401 Crossland Ave., Baltimore 13, Md. General practice. Married, four children.
- TARTIKOFF, GEORGE, 2020 Cortelyou Rd., Brooklyn 26, N. Y. Surgery. Married, two children.
- THOMAS, RAMSAY R., Far Hills, S. Rolling Rd., Catonsville, Md. Pediatrics. Married, three children.
- URLOCK, JOHN J., JR., 1227 Washington Blvd., Baltimore 30, Md. General practice. Married, two children.
- WALLENSTEIN, LEONARD, 848 W. 36th St., Baltimore 11, Md. Internal medicine. Married, three children.
- WANNER, JESSE R., 228 N. Division St., Salisbury, Md. E.N.T. Married, two children.
- WHITWORTH, FULLER B., 123 Bedford St., Cumberland, Md. Surgery. Married, two children.
- WILDER, MILTON JAY, 3412 Shelburne Rd., Baltimore 8, Md. Orthopedics. Married, three children.
- WILNER, SOL, Medical Arts Bldg., Tulsa, Okla. Radiology. Married, three children.
- WORSLEY, THOMAS L., 1783 Northern Pkwy., Baltimore 12, Md. Widower, two children.

If you are one of the 28 who did not receive or did not answer the questionnaire, will you notify us? About 20 members of our class who did not answer are from out of town. If any of our classmates have any information pertaining to these individuals, will you please forward the information to us so that we may bring our class biographical data up to date. Those classmates from out of town from whom we have not heard are: Doctors Max Bloom, Bernard Brodsky, Frank S. Cole, Richard W. Corbitt, Charles I. Harris, Alvin S. Hartz, Charles B. Hooker, Thomas M. Hutchins, Benjamin Isaacson, James P. Kerr, Jr., James Arthur Kiely, William H. Leitch, Alvin Meyer, William S. Miller, David W. Palmer, Samuel Pillar,

## ALUMNI ASSOCIATION SECTION

Max S. Sadove, Thomas S. Sexton, Claude P. Sherman, Herbert Spiegel and Wilbur C. Thomas.

Many thanks for your cooperation, and we are looking forward to seeing you at our 25th reunion in 1964.

Sincerely,

Your Class Committee

R. M. CUNNINGHAM, M.D., *Chairman*  
JAMES M. CIANOS, M.D.  
BERNARD S. KLEIMAN, M.D.  
WILLIAM J. McCLAFFERTY, JR., M.D.  
DEXTER L. REIMANN, M.D.  
RAMSAY B. THOMAS, M.D.  
LEONARD WALLENSTEIN, M.D.

### Class of 1940

**William I. Wolff** of 30 Central Park South in New York City recently spoke before the Suffolk County (N. Y.) Medical Society on the subject of "Surgical Treatment of Cancer of the Lung." Dr. Wolff also presented a paper at the Atlantic City meeting of the American Therapeutic Society entitled "Critical Factors in Open Heart Surgery."

Dr. Wolff is a Diplomate of the American Board of Surgery and of the American Board of Thoracic Surgery.

**Howard N. Stayton, Jr.**, of Newark, Del., died on January 23, 1959, aged 44.

**Robert H. Clifford**, senior surgeon in plastic surgery at the Henry Ford Hospital in Detroit, Mich., died of a heart attack on May 15, 1959. At the time of his death, Dr. Clifford was attending a meeting of the American Association of Plastic Surgeons in Boston, Mass.

A graduate of Washington College in the Class of 1936 and a native of Brooklyn, N. Y., Dr. Clifford served his internship at the Union Memorial Hospital in Baltimore and then engaged in a period of postgraduate work in plastic surgery at the Columbia Presbyterian Medical

Center in New York. In 1942 he entered the Armed Forces of the United States and served with the Army Medical Corps in the Air-Borne Division, with most of his activity centered in the North African theatre.

After the cessation of hostilities, he served a residency in surgery at the St. Vincent's Hospital in New York prior to his appointment to the staff at the Henry Ford Hospital. Dr. Clifford was a Diplomate of the American Board of Plastic Surgery and was a member of the American Society of Plastic and Reconstructive Surgery.

### Class of 1941

**Richard Williams** attended the annual meeting of the Southeastern Surgical Congress held in Miami, Fla., in March, 1959.

### Class of 1942

**Robert Mazer** died at his home, 1024 Reverdy Road in Baltimore, on June 10, 1959. Death was due to an intracranial neoplasm.

A native of Baltimore, Dr. Mazer received his preliminary education at the Baltimore City College and at the University of Maryland.

Following his graduation from the School of Medicine, he was active in general practice and was a member of the medical staff of the Department of Education of Baltimore City. He was also a member of the staff of St. Joseph's Hospital in Baltimore.

### Class of 1943

**Robert M. N. Crosby** has announced the removal of his office for the practice of Neurologic Surgery to 1202 St. Paul St., Baltimore 2, Md.

**Earl R. Kinney**, of Idamay, W. Va., died on April 29, 1959.

**Class of 1944**

**H. F. Rolfes** of 240 Driftwood Road, S.E., St. Petersburg, Fla., announces that he is now engaged in the private practice of ophthalmology. Dr. Rolfes was recently certified by The American Board of Ophthalmology in this specialty.

**Class of 1946**

**James S. O'Hare** of 104 W. Madison St., Baltimore 1, Md., has recently been appointed Secretary of the Maryland Committee on Trauma, American College of Surgeons. Dr. O'Hare became a Fellow of the American College of Surgeons in 1956. He is currently president of the Maryland Chapter of the College.

**August Kiel, Jr.**, has announced the removal of his office for the practice of Neurologic Surgery to 1202 St. Paul St., Baltimore 2, Md.

**Class of 1948**

**Nicholas Mallis** has announced the removal of his office for the practice of Urology to 2 East Read Street in Baltimore, Md.

**Class of 1952**

**Charles Holmes** has opened his office for the practice of General Surgery in Perrine, Fla.

**Robert A. Douglas** of Homestead, Fla., has been engaged in general practice for the past four years. Dr. Douglas lives at 510 N. Krome Ave., in Homestead.

**Class of 1953**

**Joseph R. Bove** of 57 Jaenicke Lane in Hamden, Conn., has been appointed Instructor in Medicine at Yale University School of Medicine and Director of Blood Bank and Clinical Microscopy

Laboratory at the Yale-New Haven Medical Center.

**Robert L. Levine** of Tampa, Fla., was awarded a gold medal at the American Medical Association's Annual Meeting held in Atlantic City in June, 1959, the medal presented for excellence of correlation of facts in an exhibit on tympanoplasty, stapes, and fenestration. Dr. Levine is currently engaged in the practice of otolaryngology in Tampa, Fla., since his discharge from the Medical Corps of the United States Navy.

**Class of 1954**

**Jerome E. Shapiro** has announced the opening of his office for the practice of Psychiatry at 2500 Eutaw Place, Baltimore 17, Md.

**Class of 1954**

**Hilbert M. Levine** has announced the opening of his office for the practice of general surgery at 1202 St. Paul St. in Baltimore, Md.

Following his graduation from the School of Medicine, Dr. Levine served an internship at the Mercy Hospital, after which he was successively assistant resident and then resident in Surgery at the Mercy Hospital.

**Class of 1958**

**Robert B. J. Mulvaney** has been named the Deputy Director of the Newark (N. J.) Civil Defense Emergency Medical Service. Dr. Mulvaney, who resides at 25 Longfellow Avenue, Newark, is at present an intern on the staff of the H. S. Martland Memorial Center in Newark.

**TEAR OUT**

TO THE BULLETIN:

I would like to report the following:

[illegible]

Name\_\_\_\_\_

Address \_\_\_\_\_

Class \_\_\_\_\_

*Send to*

Bulletin—School of Medicine  
University of Maryland  
31 S. Greene St.  
Baltimore 1, Md.

### SUGGESTIONS FOR NEWS ITEMS

American Board Certification

## Change of Address

## Change of Office

## Residency Appointment

## Research Completed

### News of Another Alumnus

## Academic Appointment

## Interesting Historic Photographs



*Bulletin*  
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UNIVERSITY OF MARYLAND

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